

Article history: Received 28 August 2024 Revised 25 November 2024 Accepted 04 December 2024 Published online 01 January 2025

### **Psychology of Woman Journal**

Volume 6, Issue 1, pp 99-107



# Effectiveness of Islamic Group Spiritual Therapy on Happiness and Reduction of Loneliness Among Women Visiting Counseling Centers in Bushehr

Setareh. Mohannaee 10, Farzad. Poorgholamy 20, Seyyedeh Sahar. Mousavi Shoorgoli 30, Raeis Hasan. Raeissaadi 40

Assistant Professor, Department of Psychology, Khormuj Branch, Islamic Azad University, Khormuj, Iran
 Assistant Professor, Department of Psychology and Educational Sciences, Payame Noor University, Tehran, Iran
 MA in Department of Clinical Psychology, Bushehr Branch, Islamic Azad University, Bushehr, Iran
 PhD in Psychology, Bandar Abbas Branch, Islamic Azad University, Bandar Abbas, Iran

\* Corresponding author email address: farzad.pgh@gmail.com

#### Article Info

#### Article type:

Original Research

#### How to cite this article:

Mohannaee, S., Poorgholamy, F., Mousavi Shoorgoli, S. S., & Raeissaadi, R. H. (2025). Effectiveness of Islamic Group Spiritual Therapy on Happiness and Reduction of Loneliness Among Women Visiting Counseling Centers in Bushehr. *Psychology of Woman Journal*, 6(1), 99-107.

http://dx.doi.org/10.61838/kman.pwj.6.1.12



© 2025 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

#### ABSTRACT

**Objective:** This study aimed to assess the effectiveness of Islamic group spiritual therapy on happiness and the reduction of loneliness among women visiting counseling centers in Bushehr in the first half of 2024.

Methods and Materials: The study employed a quasi-experimental design with a pre-test and post-test approach, including a control group. The statistical population consisted of women visiting counseling centers in Bushehr. A sample of 30 women was selected using voluntary sampling and randomly assigned to either the experimental or control group. The Argyle, Martin, and Crossland (1989) Happiness Questionnaire and the Russell, Peplau, and Cutrona (1980) Loneliness Scale were administered to both groups. For the experimental group, a group spiritual therapy program based on the therapeutic framework by Dasht Bozgi and colleagues (2016) was conducted in 8 sessions, each lasting 90 minutes. Findings: The results revealed that Islamic group spiritual therapy had a significant effect on happiness and its components, including self-concept, life satisfaction, psychological readiness, cheerfulness, aesthetic sense, self-efficacy, and hopefulness, as well as on the reduction of loneliness (p < 0.05).

**Conclusion:** Islamic group spiritual therapy can have a positive impact on enhancing happiness and reducing loneliness among women.

Keywords: Islamic group spiritual therapy, happiness, loneliness.

#### 1. Introduction

I slamic group spiritual therapy can be one of the appropriate methods for enhancing happiness and reducing loneliness in women. The model of Islamic spiritual therapy, in addition to creating coherence and

integration in the biological, psychological, and social dimensions, emphasizes the spiritual aspect of the client. The unique advantage of Islamic spirituality lies in its roots in the verses of the Qur'an and the sayings of the Infallibles (peace be upon them) (Yaghoubi & Pourbarar, 2021). Islamic spirituality does not mean disregarding human desires or



suppressing them; rather, it guides them towards moderation and purpose based on the goal of creation and human nature. Islamic spirituality never seeks to achieve the kind of passive relaxation or euphoric escape that results in avoidance of truth and disengagement from reality, but rather promotes the deepening of perspective and intellectual growth. Without denying the reality of pain and suffering, Islamic spirituality elevates people's insight, opens new windows on the horizon of their minds, and explains the wisdom behind the different aspects of life, thereby facilitating the individual's ability to endure the pain and suffering that are part of reality (Khaleghipour et al., 2019). The significance of spirituality and spiritual growth in humans has increasingly attracted the attention of psychologists and mental health professionals over the past few decades. It seems that people today are more inclined toward spirituality and spiritual matters than ever before, and psychologists and psychiatrists are also increasingly realizing that traditional, simple approaches to treating psychological disorders are no longer sufficient (Peteet, 2019). On the other hand, the World Health Organization refers to the physical, psychological, social, and spiritual dimensions when defining human existence and highlights the spiritual dimension as crucial for human growth and development (Babaei et al., 2015). Spiritual therapy involves the use of an individual's heartfelt faith to overcome emotional, spiritual, and psychological issues. At the threshold of the 21st century, humans need to rediscover the world, gaining a precise and deep understanding of nature, the environment, the cosmos, and creation. This is where the spiritual dimension of humanity comes to the forefront. The exploration of spirituality and spiritual experiences has been based on the assumption that individuals with an active spiritual life are undoubtedly psychologically healthy. In fact, the advancement of psychological science, on the one hand, and the dynamic and complex nature of modern societies, on the other, have led to a growing awareness of the importance of human spiritual needs, which are now seen as having greater significance than material needs (Bhuiyan et al., 2022).

Another psychological issue among women is the challenge of happiness. Happiness is one of the basic emotions and one of the most important psychological needs of human beings. It encompasses several subjective concepts such as joy, contentment, pleasure, and well-being, but it does not refer to unfounded optimism or self-deception, nor does it involve denying reality and ignoring one's problems or the problems of others. Joy and happiness, as one of the

most crucial psychological needs, have always preoccupied human minds due to their significant impact on the formation of human personality and, in general, on the overall life of an individual. Psychologists view happiness as a type of "positive emotion" that profoundly affects physical, cognitive, and psychological processes and enhances human performance in various areas (Gottlieb & Froh, 2019; Hosseini & Alizadeh Mousavi, 2016). It appears that happiness consists of two essential components: emotional and cognitive. However, happiness is not the opposite of depression; rather, the absence of depression is a necessary condition for achieving happiness. Happiness has three fundamental components: positive emotion, life satisfaction, and the absence of negative emotions such as depression and anxiety (Gottlieb & Froh, 2019; Junça Silva et al., 2024; Kebede et al., 2024). Happy individuals tend to process information with a bias toward optimism and happiness, meaning they interpret and process information in a way that leads to greater joy. Happiness is an evaluation that individuals make about themselves and their lives, including aspects like life satisfaction, positive emotions, the absence of depression and anxiety, and is expressed both through cognition and emotion (Le et al., 2024). Diener and colleagues describe happiness as a psychological domain concerning how individuals cognitively and emotionally assess their lives, which includes variables such as life satisfaction, marital satisfaction, mood, positive emotions, and the absence of anxiety and depression. Cognitive evaluation involves examining specific aspects of life, while emotional evaluation refers to the feelings, emotions, and experiences an individual has in life (Howell & Passmore, 2019; Luo, 2019). According to Fordyce, happiness is not just a positive emotion or feeling associated with satisfaction, but is often described using terms such as contentment, well-being, cheerfulness, and joy. In the analysis of the concept of happiness, theorists primarily focus on two components: cognitive and emotional. The cognitive component generally refers to life satisfaction, while the emotional component refers to states such as laughing, humor, and the balance between positive and negative emotions. Various methods, such as transactional analysis, choice theory-based interventions, cognitivebehavioral therapies, solution-focused counseling, and cognitive-behavioral training, have been employed to improve social health and sexual functioning (Watkins et al., 2018).

On the other hand, loneliness can manifest in various forms and degrees. Loneliness may be experienced as a



vague sense that things are not right (Madsen et al., 2024; Schoenmakers & ten Bruggencate, 2024), a mild form of emptiness. It can also be experienced as intense deprivation and pain (Norman & Pokorny, 2017). One type of loneliness is related to the loss of a specific person due to their death or distance. Another form of loneliness stems from a lack of contact with others, perhaps because one is physically isolated due to work (Yu et al., 2020). Loneliness is a passive feeling. Its persistence and continuity stem from our passive allowance of it on one hand, and from not making any changes to alter it on the other (Compernolle et al., 2021). Accepting loneliness and becoming immersed in the emotions associated with it often leads to feelings of depression and helplessness, which in turn leads to even more passivity and deepening depression (Klein et al., 2021). Loneliness is a painful mental state characterized by a feeling of disconnection from others. When alone, one feels the need for empathy and a desire to share thoughts and emotions with others (McDonald et al., 2022). In other words, loneliness is a complex and mostly unpleasant response to isolation or a lack of companionship. This response typically includes feelings of anxiety about the lack of connection with others, which begins in the past and continues into the future (Chang, 2018). However, this feeling may also exist even when surrounded by people. Loneliness is a feeling of emptiness and inner void. One feels isolated, detached from the world, and distanced from those with whom they wished to have relationships (Shaw et al., 2021).

There has been limited research on the effectiveness of Islamic group spiritual therapy on happiness and the reduction of loneliness in women, with most studies focusing on various aspects of mental and emotional health. For example, Sadri Demirchi (2018) demonstrated that the effectiveness of group spiritual therapy was confirmed in enhancing happiness and psychological resilience in the elderly. Elderly individuals in the experimental group showed significantly higher levels of happiness and psychological resilience compared to those in the control group at post-test (Sadri Damirchi et al., 2018). Additionally, Dasht Bozgi (2016) found that Islamic spirituality-based training reduced feelings of loneliness and death anxiety in the experimental group (Dasht Bozorgi et al., 2019). Moreover, Soudani (2012) showed a significant difference in the average scores between the experimental and control groups, with group meaning therapy reducing feelings of loneliness in the experimental group compared to the control group (Soudani et al., 2012). This study aimed to assess the

effectiveness of Islamic group spiritual therapy on happiness and the reduction of loneliness among women visiting counseling centers in Bushehr in the first half of 2024.

#### 2. Methods and Materials

#### 2.1. Study design and Participant

This study employed a quasi-experimental design with a pre-test and post-test. The sample consisted of 30 individuals from those visiting counseling centers in Bushehr city during the first half of 2024, who were randomly assigned to either the experimental or control group. After obtaining the necessary permissions and coordinating with the relevant clinics, the researcher explained the research design to the participants in Bushehr, ensuring ethical guidelines were followed and informed consent was obtained from the selected participants. Among the participants, 30 individuals with lower levels of happiness and higher levels of loneliness compared to others, and who were willing to voluntarily participate, were screened based on inclusion and exclusion criteria. They were then randomly assigned to either the experimental or control group. The inclusion criteria for participation were: 1) absence of acute psychological or personality disorders (based on personality tests), and 2) no physical or psychological illness. The exclusion criteria were: 1) absence from more than two consecutive sessions, 2) request for non-participation by the individual, and 3) lack of motivation to participate in activities.

#### 2.2. Measures

#### 2.2.1. Happiness

The Oxford Happiness Inventory (OHI) developed by Argyle et al. (1989) is a widely used self-report measure in happiness research and was also used in this study. This scale contains 29 items across 7 dimensions: self-concept, life satisfaction, mental readiness, cheerfulness, aesthetic appreciation, self-efficacy, and hopefulness. Argyle et al. (1989) reported a reliability coefficient of 0.90 using Cronbach's alpha, and a test-retest reliability of 0.78 after 7 weeks. The construct validity of the questionnaire was reported as 0.86 in their study (Argyle, 1989; Hosseini & Alizadeh Mousavi, 2016).

#### 2.2.2. Loneliness

This loneliness scale, developed by Russell, Peplau, and Curtin in 1980, consists of 20 items with 4 response options, including 10 negative and 10 positive statements. The scale aims to identify ways to address individuals' loneliness issues. Responses range from "never" (1), "rarely" (2), "sometimes" (3), to "always" (4), with the scoring for items 1, 5, 6, 9, 10, 15, 16, 19, and 20 being reversed. The score range is from 20 (minimum) to 80 (maximum), with a score higher than the average indicating a greater degree of loneliness. Russell, Peplau, and Curtin (1980) reported a reliability coefficient of 0.78 using Cronbach's alpha and a construct validity of 0.79 (Dasht Bozorgi et al., 2019; Shaw et al., 2021).

#### 2.3. Intervention

## 2.3.1. Group Spirituality Therapy Protocol with an Islamic Approach

In this study, group spirituality therapy with an Islamic approach was conducted over 8 sessions, based on the protocol developed by Dasht Bozorgi et al. (2016). The validity and reliability of the group spirituality therapy protocol with an Islamic approach were previously confirmed in the study by Dasht Bozorgi et al. (2016) and by three experts in the fields of psychology and religious studies. It should be noted that the content of the protocol was developed by the second author of this paper (Dasht Bozorgi et al., 2019).

Session 1: The first session begins with the administration of the pre-test and allows for group members to become acquainted with one another. The facilitator introduces the concept of spiritual therapy and discusses its importance in life. Participants are encouraged to reflect on the role of belief and self-acceptance in fostering a meaningful life. This session sets the foundation for a safe and open space for the participants to explore their spirituality.

Session 2: The second session focuses on the concept of spiritual freedom and emphasizes the acceptance of God's will. It explores the notion of the mission of chosen individuals (prophets) and the sense of responsibility that comes with this belief. Participants are guided to reflect on their lives and begin planning for both the present and the future in alignment with their spiritual beliefs.

Session 3: This session encourages self-awareness and repentance, focusing on the acknowledgment of one's sins before God. Participants are guided to recognize instances of

self-harm or harm to others and reflect on ways to improve their lives. The emphasis is on personal growth, learning from past mistakes, and striving for a better future.

Session 4: In the fourth session, participants are encouraged to entrust their worries and burdens to God while strengthening their willpower and purifying their thoughts. The session also explores the identification of sources of anxiety and provides strategies for coping with it. The goal is to replace negative thoughts and behaviors with positive alternatives, fostering a sense of emotional resilience.

Session 5: This session focuses on discovering the meaning of love for oneself and others. It explores the concept of suffering and its deeper meaning, helping participants understand that struggles can lead to spiritual growth. The aim is to help participants find compassion and empathy both for themselves and others, contributing to emotional healing and self-acceptance.

Session 6: The sixth session addresses the recognition of creative values and experiential values. Participants are encouraged to identify their personal values and reflect on how these values align with their spiritual beliefs. The session aims to deepen the participants' understanding of their own value system and how it contributes to their sense of purpose and fulfillment.

Session 7: This session delves into spiritual belief and the love for spirituality itself. Participants are encouraged to make a commitment to spiritual growth and engage in mental and spiritual practices that support this development. They are guided to model their behavior after spiritual exemplars and free their emotions, creating a sense of emotional liberation and growth.

Session 8: In the final session, the focus is on empowering participants to solve problems and expand their spiritual experiences. The session encourages participants to reach the peak of spiritual pleasure and to openly express their spiritual beliefs and experiences. Continuous self-assessment is emphasized under the guidance of a spiritual mentor. The post-test is administered to evaluate the progress made throughout the intervention.

#### 2.4. Data Analysis

The data analysis was conducted using descriptive and inferential statistical methods. Descriptive statistics, including means and standard deviations, were used to summarize the scores of happiness and loneliness variables for both the experimental and control groups at the post-test stage. To test the hypotheses and determine the effects of the

intervention, a one-way analysis of covariance (ANCOVA) was employed, with pre-test scores as a covariate. This approach allowed for the control of baseline differences and the examination of group differences on the post-test scores. The significance level was set at p < 0.05, and effect sizes were measured using eta-squared ( $\eta^2$ ) to assess the magnitude of the intervention's impact on the variables of interest. All analyses were performed using SPSS-24.

#### 3. Findings and Results

The results of the Kolmogorov-Smirnov test indicate that the significance level for the variables of happiness and loneliness is greater than 0.05. Therefore, the Kolmogorov-Smirnov statistic for these variables is not significant at the 0.05 error level, and thus, the distribution of the variables is normal.

 Table 1

 Descriptive Statistics for Happiness and Loneliness Variables in Experimental and Control Groups at Post-test

Variable	Group	M (SD)	Group	M (SD)
Self-concept	Experimental	17.13 (2.33)	Control	15.13 (2.33)
Life satisfaction	Experimental	18.59 (2.29)	Control	17.07 (2.29)
Mental readiness	Experimental	19.01 (5.69)	Control	16.91 (5.69)
Cheerfulness	Experimental	19.52 (4.77)	Control	17.61 (4.77)
Aesthetic feeling	Experimental	19.3 (3.45)	Control	17.83 (3.45)
Self-efficacy	Experimental	20.14 (2.19)	Control	18.58 (2.19)
Hope	Experimental	17.1 (2.30)	Control	15.19 (2.35)
Loneliness	Experimental	26.47 (2.73)	Control	28.79 (2.73)

The results of Table 1 revealed that the mean scores for happiness and its components—self-concept, life satisfaction, mental readiness, cheerfulness, aesthetic

feeling, self-efficacy, and hope—were higher in the experimental group compared to the control group at the post-test stage.

 Table 2

 One-Way Analysis of Covariance (ANCOVA) Results on Post-test Scores of Happiness Components

Source	Sum of Squares	Degrees of Freedom	Mean Squares	F Value	Significance Level	Eta Squared
Self-concept	27.52	1	27.52	12.35	< 0.0001	0.649
Life satisfaction	15.88	1	15.88	21.01	< 0.0001	0.526
Mental readiness	30.44	1	30.44	6.54	0.019	0.256
Cheerfulness	25.24	1	25.24	7.72	0.012	0.289
Aesthetic feeling	14.95	1	14.95	8.74	0.008	0.315
Self-efficacy	16.72	1	16.72	24.34	< 0.0001	0.562
Hope	15.78	1	15.78	20.01	< 0.0001	0.526

The results from the ANCOVA in Table 2 indicated significant differences between the experimental and control groups in terms of happiness and its components, including self-concept (F = 12.35, p < 0.0001), life satisfaction (F = 21.01, p < 0.0001), mental readiness (F = 6.54, p = 0.019), cheerfulness (F = 7.72, p = 0.012), aesthetic feeling (F =

8.74, p = 0.008), self-efficacy (F = 24.34, p < 0.0001), and hope (F = 20.01, p < 0.0001). This suggests that Islamic group-based spiritual therapy had a significant effect on all the components of happiness in the experimental group compared to the control group.

Table 3

One-Way Analysis of Covariance (ANCOVA) Results on Loneliness

Source	Sum of Squares	Degrees of Freedom	Mean Squares	F Value	Significance Level	Eta Squared
Pre-test	54.89	1	54.89	49.33	< 0.0001	0.646
Group	1.40	1	1.40	36.04	< 0.0001	0.572
Error	30.04	27	1.11	-	-	-
Total	230.25	30	-	-	-	-

The results from the ANCOVA indicated that after controlling for pre-test scores, the effect of group (experimental vs. control) on loneliness was significant (F = 36.04, p < 0.0001). The eta-squared value of 0.572 suggests that Islamic group-based spiritual therapy explained 57.2% of the variance in loneliness, indicating a substantial effect on reducing loneliness in the experimental group compared to the control group (Table 3).

#### **Discussion and Conclusion**

The aim of this study was to evaluate the effectiveness of group spiritual therapy with an Islamic approach on happiness and the reduction of loneliness among clients at counseling centers in Bushehr during the first half of 2021. The results indicated that group spiritual therapy with an Islamic approach significantly impacted happiness and its components, including self-concept, life satisfaction, psychological readiness, enthusiasm, aesthetic experience, self-efficacy, and hope, as well as reducing feelings of loneliness.

These findings are consistent with prior studies (Dasht Bozorgi et al., 2019; Ikhlasia & Panduragan, 2020; Puchalski et al., 2014; Sadri Damirchi et al., 2018; Soudani et al., 2012). In line with these results, many therapists now emphasize spiritual issues when treating religious clients. Some therapists even encourage their clients to utilize spiritual resources to cope with current stressors. Growing research indicates that spiritual individuals appear healthier than those without spiritual beliefs, which can significantly contribute to increased happiness and reduced loneliness among women (Dasht Bozorgi et al., 2019; Soudani et al., 2012).

Furthermore, the importance of spirituality and spiritual growth in human health has garnered increasing attention from psychologists and mental health professionals in recent decades. It appears that people worldwide are now more inclined toward spirituality, and psychologists and psychiatrists increasingly recognize that traditional methods are insufficient for treating psychological disorders. Additionally, individuals with an active spiritual life are undoubtedly psychologically healthy. In fact, the progress of psychological science on one hand and the dynamic, complex nature of modern societies on the other have led to a growing recognition of the importance of spiritual needs in human life, alongside material desires. Researchers have now realized that spirituality can be beneficial to individuals. Religious individuals, compared to non-religious individuals

or those who perceive God as cold and unresponsive, tend to feel less lonely and are less likely to be pessimistic, depressed, or anxious. These individuals are also better able to cope with major life stresses and are less likely to commit suicide or engage in substance abuse.

Moreover, one of the fundamental human needs is happiness and well-being. Studies have shown that women who experience higher levels of happiness and hope are better equipped to handle life's difficulties and perform better. Happiness, as a coping mechanism, may prevent negative thoughts by promoting positive thinking. Therefore, happiness plays a significant psychological and physical well-being and is considered one of the essential personality traits unique to humans. Happiness is a variable that influences social health and has a significant impact on it (Hosseini & Alizadeh Mousavi, 2016).

Happiness is one of the primary emotions and one of the most important psychological needs of human beings. It encompasses several mental concepts such as joy, satisfaction, pleasure, and enjoyment, but it does not equate to baseless optimism or self-deception, nor does it involve denying reality or ignoring one's own or others' problems. Joy and happiness, as fundamental psychological needs, have always occupied the human mind due to their significant effects on personality development and overall life. Psychologists regard happiness as a "positive emotion" with profound impacts on physical, cognitive, and psychological processes, enhancing human functioning across various domains. Everyone strives to live happily and to be satisfied with life. To achieve this, they maintain friendly relationships with others, prioritize personal health, seek security and peace in society, and aim for positive emotions with an optimistic outlook on life.

On the other hand, loneliness is a painful mental state characterized by the feeling of being disconnected from others. When one feels lonely, there is a need for understanding and a desire to share thoughts and emotions with others. In other words, loneliness is a complex and predominantly unpleasant response to isolation or a lack of companionship. This response typically includes anxiety over the lack of connection and shared experiences with others, which may have begun in the past and may persist into the future. However, this feeling can also occur even when the individual has people around them (Puchalski et al., 2014; Sadri Damirchi et al., 2018). In this context, the effectiveness of group spiritual therapy with an Islamic

approach can contribute to enhancing happiness and reducing loneliness among women.

#### 5. Limitations and Suggestions

This study had several limitations that should be considered when interpreting the findings. First, the sample was limited to clients from counseling centers in Bushehr, which may limit the generalizability of the results to other regions or populations. Second, the study used a pre-test and post-test design without a control group, which means that causality cannot be definitively established. Additionally, the reliance on self-reported measures may have introduced response biases, as participants might have been inclined to provide socially desirable answers. Finally, the study's duration was relatively short, limiting the ability to assess the long-term effects of group spiritual therapy on happiness and loneliness.

Future research could expand on this study by including a larger and more diverse sample from multiple regions to enhance the generalizability of the results. Employing a randomized controlled trial (RCT) design would allow for a more rigorous assessment of the causal effects of group spiritual therapy on happiness and loneliness. Longitudinal studies could also be valuable in exploring the long-term impact of spiritual interventions on psychological wellbeing. Additionally, future studies could explore other spiritual approaches and compare them to the Islamic-based therapy used in this study to determine which methods are most effective across different populations. Investigating the underlying mechanisms of change, such as changes in coping strategies, mindfulness, or social support, would provide further insight into how spiritual therapy works to improve mental health outcomes.

The findings of this study have important implications for mental health practitioners and counselors. Integrating spirituality into therapeutic interventions, particularly in religious or culturally sensitive contexts, could enhance the effectiveness of counseling services for individuals struggling with loneliness and low levels of happiness. This study suggests that spiritual therapy, especially with an Islamic approach, could be used as a complementary treatment in counseling programs for women, potentially improving their emotional well-being and helping them cope with life's challenges. Mental health professionals should consider incorporating spirituality into their therapeutic models, particularly when working with clients who express

religious beliefs, as it may serve as a valuable resource for enhancing psychological health and overall life satisfaction.

#### **Authors' Contributions**

Authors contributed equally to this article.

#### Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

#### **Transparency Statement**

Data are available for research purposes upon reasonable request to the corresponding author.

#### Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

#### **Declaration of Interest**

The authors report no conflict of interest.

#### **Funding**

According to the authors, this article has no financial support.

#### **Ethical Considerations**

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

#### References

Argyle, M. (1989). *The Psychology of Happiness*. Esfahan Jihad University Press. https://books.google.de/books?id=tVWzAQAAQBAJ&prints ec=frontcover&redir esc=y#v=onepage&q&f=false

Babaei, Z., Latifi, Z., & Ismaili, M. (2015). The Effectiveness of Spiritual Therapy on Quality of Life and Mental Health of Women with Diabetes. *Journal of Psychology and Religion*(2), 42-59.

https://www.noormags.ir/view/en/articlepage/1108416/%D8 %A7%D8%AB%D8%B1%D8%A8%D8%AE%D8%B4%D B%8C-

%D9%85%D8%B9%D9%86%D9%88%DB%8C%D8%AA-%D8%AF%D8%B1%D9%85%D8%A7%D9%86%DB%8C-%D8%A8%D8%B1-

%DA%A9%DB%8C%D9%81%DB%8C%D8%AA-

%D8%B2%D9%86%D8%AF%DA%AF%DB%8C-%D9%88-

%D8%B3%D9%84%D8%A7%D9%85%D8%AA-





- %D8%B1%D9%88%D8%A7%D9%86-
- %D8%B2%D9%86%D8%A7%D9%86-
- %D9%85%D8%A8%D8%AA%D9%84%D8%A7-
- %D8%A8%D9%87-
- %D8%AF%DB%8C%D8%A7%D8%A8%D8%AA
- Bhuiyan, N., McNeill, L. H., Bopp, M., Downs, D. S., & Mama, S. K. (2022). Fostering spirituality and psychosocial health through mind-body practices in underserved populations. Integrative Medicine Research, 11(1). https://doi.org/10.1016/j.imr.2021.100755
- Chang, E. C. (2018). Relationship between loneliness and symptoms of anxiety and depression in African American men and women: Evidence for gender as a moderator. *Personality and individual differences*, 120, 138-143. https://doi.org/10.1016/j.paid.2017.08.035
- Compernolle, E. L., Finch, L. E., Hawkley, L. C., & Cagney, K. A. (2021). Momentary loneliness among older adults: Contextual differences and their moderation by gender and race/ethnicity. Social Science & Medicine, 285, 114307. https://doi.org/10.1016/j.socscimed.2021.114307
- Dasht Bozorgi, Z., Souri, K., & Safarzadeh, S. (2019). The Effectiveness of Islamic Spiritual Therapy on Loneliness and Death Anxiety in the Elderly. *Psychology of Aging Journal*, 2(3), 177-186. https://jap.razi.ac.ir/article\_616.html
- Gottlieb, R., & Froh, J. (2019). Gratitude and happiness in adolescents: A qualitative analysis. In *Scientific concepts behind happiness, kindness, and empathy in contemporary society* (pp. 1-19). IGI Global. https://doi.org/10.4018/978-1-5225-5918-4.ch001
- Hosseini, S. M., & Alizadeh Mousavi, S. E. (2016). The
   Effectiveness of Acceptance and Commitment Therapy on
   Increasing Happiness in Mothers with Children with Autism.
   4th National Conference on Counseling and Mental Health,
- Howell, A. J., & Passmore, H. A. (2019). Acceptance and Commitment Training (ACT) as a Positive Psychological Intervention: A Systematic Review and Initial Meta-analysis Regarding ACT's Role in Well-Being Promotion Among University Students. *Journal of Happiness Studies*, 1-16. https://doi.org/10.1007/s10902-018-0027-7
- Ikhlasia, M., & Panduragan, S. L. (2020). The effect of Spiritual Emotional Freedom Technique (SEFT) therapy on the anxiety of NAPZA (narcotics, psychotropic, and other addictive substances) residents. *Enfermería Clínica*, 30, 206-208. https://doi.org/10.1016/j.enfcli.2019.11.055
- Junça Silva, A., Neves, P., & Caetano, A. (2024). Procrastination is not only a "thief of time", but also a thief of happiness: it buffers the beneficial effects of telework on well-being via daily micro-events of IT workers. *International Journal of Manpower*, 45(1), 89-108. https://doi.org/10.1108/IJM-05-2022-0223
- Kebede, A. G., Terefe, S. D., & Ijigu, A. W. (2024). Ambidextrous leadership and academic staff innovative behavior at Debre Berhan University, Ethiopia: the mediating role of workplace happiness. *Cogent Business & Management*, 11(1), 2307564. https://doi.org/10.1080/23311975.2024.2307564
- Khaleghipour, S., Masjedi, M., & Ahmadi, Z. (2019). Effectiveness of Islamic Spiritual Therapy on Lifestyle and Peripheral White Blood Cells in Depressed Elderly Individuals. *Psychological Health Research*, 10(3). https://rph.khu.ac.ir/article-1-2640-en.html
- Klein, E. M., Zenger, M., Tibubos, A. N., Ernst, M., Reiner, I., Schmalbach, B., & Beutel, M. E. (2021). Loneliness and its relation to mental health in the general population: Validation and norm values of a brief measure. *Journal of Affective*

- Disorders Reports, 4, 100120. https://doi.org/10.1016/j.jadr.2021.100120
- Le, N. H., Mai, M. Q. T., & Le, K. G. (2024). Mindfulness, resilience and the happiness of service employees working from home. *Journal of Services Marketing*, *38*(4), 460-473. https://doi.org/10.1108/JSM-03-2023-0109
- Luo, S. (2019). Happiness and the Good Life: A Classical Confucian Perspective. *Dao*, *18*(1), 41-58. https://doi.org/10.1007/s11712-018-9640-8
- Madsen, K. R., Damsgaard, M. T., Petersen, K., Qualter, P., & Holstein, B. E. (2024). Bullying at School, Cyberbullying, and Loneliness: National Representative Study of Adolescents in Denmark. *International journal of environmental research and public health*, 21, 414. https://doi.org/10.3390/ijerph21040414
- McDonald, A. J., Wickens, C. M., Bondy, S. J., Elton-Marshall, T., Wells, S., Nigatu, Y. T., & Hamilton, H. A. (2022). Age differences in the association between loneliness and anxiety symptoms during the COVID-19 pandemic. *Psychiatry research*, 114446. https://doi.org/10.1016/j.psychres.2022.114446
- Norman, A., & Pokorny, J. J. (2017). Meditation retreats: spiritual tourism well-being interventions. *Tourism Management Perspectives*, 24, 201-207. https://doi.org/10.1016/j.tmp.2017.07.012
- Peteet, J. R. (2019). Spirituality and mental health: Implications for ethics, medicine, and public health. *Ethics, Medicine and Public Health*, 9, 75-79. https://doi.org/10.1016/j.jemep.2019.05.002
- Puchalski, C. M., Vitillo, R., Hull, S. K., & Reller, N. (2014).
  Improving the spiritual dimension of whole person care: reaching national and international consensus. *Journal of Palliative Medicine*, 17(6), 642-656.
  https://doi.org/10.1089/jpm.2014.9427
- Sadri Damirchi, E., Nasim, M., & Ramazani, S. (2018). Examining the Effectiveness of Group Spiritual Therapy on Happiness and Psychological Hardiness in Elderly Women. *Journal of Research in Religion and Health*, 4(2), 42-53. https://journals.sbmu.ac.ir/jrrh/article/view/15862
- Schoenmakers, E. C., & ten Bruggencate, T. (2024). Navigating loneliness: the interplay of social relationships and coping skills. *International Journal of Adolescence and Youth*, 29(1), 2339300. https://doi.org/10.1080/02673843.2024.2339300
- Shaw, R. J., Cullen, B., Graham, N., Lyall, D. M., Mackay, D., Okolie, C., & Smith, D. J. (2021). Living alone, loneliness and lack of emotional support as predictors of suicide and selfharm: A nine-year follow up of the UK Biobank cohort. *Journal of affective disorders*, 279, 316-323. https://doi.org/10.1016/j.jad.2020.10.026
- Soudani, M., Shojaian, M., & Nisi, A. (2012). Effectiveness of Group Logotherapy on Loneliness in Retired Men. *Cognitive and Behavioral Science Research Biannual*, 2(1), 43-54. https://cbs.ui.ac.ir/article\_17287.html?lang=en
- Watkins, P. C., Emmons, R. A., Greaves, M. R., & Bell, J. (2018). Joy is a distinct positive emotion: Assessment of joy and relationship to gratitude and well-being. *The Journal of Positive Psychology*, 13(5), 522-539. https://doi.org/10.1080/17439760.2017.1414298
- Yaghoubi, T., & Pourbarar, F. (2021). The Role of Spirituality in Enhancing Women's Resilience: A Conceptual Review. 7th International Conference on Health, Treatment, and Health Promotion.
- Yu, B., Steptoe, A., Niu, K., & Jia, X. (2020). Social isolation and loneliness as risk factors for grip strength decline among older women and men in China. *Journal of the American Medical*



Directors Association, 21(12), https://doi.org/10.1016/j.jamda.2020.06.029

1926-1930.

