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The Effectiveness of Multidimensional Spiritual Therapy on Ego-Identity Status, Mental Toughness, and Negative Emotions in Adolescents

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ABSTRACT

Objective: This research aimed to determine the effectiveness of multidimensional spiritual therapy on ego identity status, mental toughness, and negative emotions in adolescent children of martyr families.

Methods and Materials: The research method was applied and semi-experimental, using a pre-test-post-test design with a control group. The statistical population consisted of all adolescent children of martyr families in Islamshahr County in the first half of 2025. A sample of 30 participants was selected using purposive non-random sampling, and then randomly assigned to an experimental group (15 participants) and a control group (15 participants). Data were collected using the Mental Toughness Questionnaire by Clough (2002), the Identity Questionnaire by Robinion and Adams (2007), and the Negative Emotions Questionnaire (Triple Negative Emotions) by Lovibond & Lovibond (1998), known as the DASS-21. Data analysis was performed using covariance analysis in SPSS software.

Findings: The results showed that multidimensional spiritual therapy had a significant effect on ego identity status, mental toughness, and negative emotions in adolescents ($p < 0.05$).

Conclusion: It can be concluded that this therapy can be utilized to reduce negative emotions and enhance identity status and mental toughness.

Keywords: Multidimensional Spiritual Therapy, Identity Status, Mental Toughness, Triple Negative Emotions.

Introduction

A martyr family refers to families in which one of their members has made sacrifices, particularly during times of war, in service to the nation. These individuals may include veterans, martyrs, and prisoners of war

(Paydariniyam et al., 2025). Adolescence, as one of the most sensitive and complex stages of life, is the period during which an individual's identity is formed and solidified (Orben et al., 2020). Identity status refers to a sense of self-worth and self-esteem, along with one's position among peers and others, and plays a crucial role

in adolescents' psychological and social well-being. Research has shown that adolescents, particularly those living in martyr families, are at risk of disturbances in their identity status due to the stress and psychological pressures from their unique family situations, which can lead to feelings of insecurity, confusion, and a decline in self-confidence. This highlights the importance of focused efforts to improve identity status in this vulnerable group (Sa'adah et al., 2025).

On the other hand, mental toughness is defined as an individual's ability to effectively cope with life's challenges, stress, and pressures, and it plays a key role in mental health. Adolescents with high mental toughness are better able to manage psychological challenges and experience more stable mental health. Conversely, a lack of mental toughness can increase psychological vulnerability and reduce quality of life. In adolescent children of martyr families, the absence of emotional and social support weakens mental toughness, leading to various psychological issues (Mohammadiyas et al., 2023; Gucciardi, 2017). Negative emotions, including anxiety, depression, and stress, are among the most common emotional disorders in adolescents, significantly impacting academic performance, social relationships, and overall well-being (Gross & John, 2012; Navari et al., 2024). These emotions are intensified in adolescents from martyr families due to their traumatic experiences and ongoing psychological pressures. If not managed or treated correctly, they can evolve into chronic and more complex disorders (Afek et al., 2021). Therefore, managing and reducing these negative emotions is essential to improving the quality of life for these adolescents.

In this context, multidimensional spiritual psychotherapy is a comprehensive and innovative approach that simultaneously addresses the psychological, spiritual, and social dimensions in the therapeutic process. Multidimensional spiritual psychotherapy aims to consider all aspects of human existence in the process of psychological healing, including the psychological, spiritual, social, and cultural dimensions (Richards, 2005). Unlike traditional therapies that focus solely on psychological symptoms, this approach emphasizes spirituality and the search for meaning in life as key sources of resilience and mental health improvement (Unterrainer, 2023). One of the fundamental principles of this therapy is strengthening

the sense of meaning and purpose in life. For adolescents, who often face stressful experiences and identity challenges, fostering this sense can serve as a powerful motivational driver and support them on their journey. Multidimensional spiritual psychotherapy views the individual holistically, meaning the person is not seen merely as a psychological entity but is evaluated and treated within the context of their family, community, and culture. This approach has proven especially effective in cultures where spirituality and religion play significant roles in daily life. Furthermore, recent studies indicate that spiritual interventions can be significantly effective in reducing symptoms of depression, anxiety, and stress, as spirituality helps individuals access both their inner and outer resources, finding innovative ways to cope with challenges (Jan Bozorgi, 2015).

Despite the high importance of multidimensional spiritual psychotherapy, scientific and applied research in this field remains relatively limited. Most existing studies have broadly addressed the impact of spiritual psychotherapy, but few have specifically and multidimensionally examined the effects of this type of psychotherapy on variables in vulnerable groups, such as adolescents in martyr families. This research gap has resulted in a lack of a comprehensive and documented understanding of the effectiveness of these interventions in improving mental health in this group, making it challenging to design targeted and effective therapeutic programs. Therefore, the present research aims to fill this scientific gap and provide practical data by examining the effectiveness of multidimensional spiritual psychotherapy on identity status, mental toughness, and negative emotions in adolescents from martyr families. The research question is thus posed as follows: Is multidimensional spiritual therapy effective in improving identity status, mental toughness, and negative emotions in adolescents from martyr families?

Methods and Materials

Design of the Study

The research method employed in this study is applied and semi-experimental, using a pre-test-post-test design with a control group. This includes one experimental group and one control group. The statistical population consists of all adolescents who are members of the Shahid Foundation counseling center in

Islamshahr during the first half of 2025. Based on the study's inclusion criteria, 30 individuals were selected through purposive non-random sampling and then randomly assigned: 15 to the experimental group and 15 to the control group. The inclusion criteria for the study included: consent to participate, ability to communicate and understand therapeutic concepts, no psychological disorders that would prevent cooperation in the study, and no participation in other concurrent interventions. The exclusion criteria for the study included: a history of substance abuse or alcohol use in the past six months, withdrawal from treatment or failure to complete psychotherapy sessions, the adolescent's or parents' unwillingness to participate in the study, and incomplete completion of the questionnaires.

Data Collection Tools

Mental Toughness Questionnaire (Clough, 2002): This questionnaire, developed by Clough (2002), measures participants' mental toughness. The questionnaire includes 48 items and six subscales: challenge (8 questions), commitment (11 questions), emotional control (7 questions), life control (7 questions), self-confidence in abilities (9 questions), and interpersonal self-confidence (6 questions). Each item is rated on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). A higher score indicates greater mental toughness. The test-retest reliability coefficient reported by Clough (2002) was 0.9. The Persian adaptation of this questionnaire was verified by Afsanepurak & VAEZ

(2014), with an overall reliability of 0.93 and subscale reliabilities ranging from 0.77 to 0.86.

Self Identity Questionnaire by (Adams et al., 1989): Based on the first version of the identity questionnaire and Erikson and Marcia's theory, this questionnaire was designed and consists of 64 items across four subscales: confused, early-formed, delayed, and advanced identity, with each subscale containing 16 items. The scoring follows a Likert scale from strongly agree (6) to strongly disagree (1). The reliability coefficients for the subscales in a study by Etehad et al. (2013) were reported as 0.75, 0.72, 0.81, and 0.85, respectively.

Depression, Anxiety, and Stress Scale (DASS-21) (Lovibond, 1998): The DASS-21, a short form of the 42-item scale, consists of 21 items and uses a 4-point Likert scale (0 = never, 1 = sometimes, 2 = often, 3 = always). It measures three dimensions: depression, anxiety, and stress, each with seven items. The reliability coefficient for the factors in Anthony-McMann et al. (2017) was reported as 0.97 for depression, 0.92 for anxiety, and 0.95 for stress. Correlations between depression and stress (0.48), anxiety and stress (0.53), and anxiety and depression (0.28) were also noted.

Multidimensional Spiritual Therapy Sessions

To administer multidimensional spiritual therapy, the program designed by Jan Bozorgi (2015) was used, which consists of 10 sessions. The content validity ratio (CVR) of the program is 0.55, and the content validity index (CVI) is 0.79.

Table 1

Multidimensional Spiritual Therapy Sessions by Jānbezārī (2015)

Session	Objective	Content
Session 1	Conceptualizing the realm of self-awareness	Introduction and increasing hope for treatment; obtaining consent
Session 2	Resolving the crossroads of mind and body	Discussion about four areas of awareness: origin, purpose, existence, and self. Using techniques like the "Island Method," questions such as "Who am I?", "How did I arrive here?", and "Where am I going?" are introduced to challenge the mind.
Session 3	Trust in reason	Discussion: "If reason can make accurate judgments, why don't we trust it?" Summary: Ways to trust our inner decision-maker.
Session 4	Barriers to reason	What conditions prevent us from acting according to our reason? Identifying barriers to reason.
Session 5	Salvation of reason	Training and correcting sleep patterns, nutrition, exercise, and thought structure. Identifying logical errors, changing intermediate thoughts, and negative/non-spiritual rules.
Session 6	Realm of self-awareness	Focus on self-awareness and how others' perceptions of us are entirely separate from our inner truth.
Session 7	Acceptance of instructions and lifestyle	Working on self-awareness centered around the concept of servant and understanding that we are manifestations of God and have no independent essence.
Session 8	Realm of existential awareness	Focusing on existential awareness and becoming mindful of how we perceive the world. Practicing spiritual care for all dimensions.
Session 9	Relaxation and working with emotions	Working with emotions such as value, meaning, and key concepts.
Session 10	The realm of relationships with others	Addressing common logical errors that impact emotions and relationships with others.

Method of Implementation

Data can be collected using various methods across different locations and sources. Interviews, questionnaires, and observations are the primary methods of data collection in survey research. Data collection can take place in natural or experimental settings. The main sources of data collection include primary and secondary sources. For instance, selected individuals and groups are primary sources, while documents and files from organizations are secondary sources.

In this study, data collection was a combination of library and field methods. In the library section, the researcher reviewed books, articles, theses, and other reputable scientific sources to gather theoretical information and background on "identity status, mental toughness, and negative emotions." This information helped to form the theoretical framework and identify the main variables under investigation. In the field section, the researcher selected the study sample by visiting the Shahid Foundation counseling center in Islamshahr. The statistical population consisted of adolescents who were members of the counseling center in Islamshahr in 2025. The participants were selected using purposive non-random sampling, and ethical considerations were observed.

Once the researcher coordinated with the center's management, adolescents who met the criteria were invited to participate in the study. Participation was entirely voluntary, and written informed consent was obtained from all participants. They were assured that

their personal information would remain confidential and that they could withdraw from the study at any time. In this study, data collection was conducted through face-to-face visits and the distribution of standardized questionnaires, with participants' full consent. This precise, scientific method yields high validity and reliability, ensuring the findings can be generalized to the target population. All ethical considerations, including obtaining informed consent, maintaining confidentiality, and providing the right to withdraw from participation, were strictly followed throughout the study.

Data Analysis Method

For data analysis, both descriptive and inferential statistical methods were used. This included frequency, percentage frequency, mean, and standard deviation to describe the demographic characteristics of the participants and the research variables in both experimental and control groups. Given the research method, which compares participants' scores (experimental and control groups) across the pre-test and post-test periods, the appropriate statistical tests for analyzing the data were one-way and multivariate analyses of covariance (ANCOVA). Data analysis was performed using SPSS version 24.

Findings and Results

In the present study, 30 adolescents from martyr families in Islamshahr County in 2025 were examined. Their age had a mean of 16.84 ± 0.77 years.

Table 2

Descriptive Statistics (Mean, Standard Deviation), Kolmogorov-Smirnov Test for Normality of Research Variables in the Control Group

Subscale	N	Mean	Standard Deviation	K-S	Significance
Ego identity					
Postponed Identity	Pre-test	15	28.93	5.10	1.32
	Post-test	15	29.26	5.16	0.56
Advanced Identity	Pre-test	15	37.13	7.92	1.57
	Post-test	15	37.46	8.01	0.98
Confused Identity	Pre-test	15	27.86	7.50	0.85
	Post-test	15	28.20	7.45	1.65
Early-formed Identity	Pre-test	15	30.60	6.73	1.01
	Post-test	15	30.86	6.79	1.12
Triple Negative Emotions					
Depression	Pre-test	15	10.50	4.90	1.32
	Post-test	15	7.30	3.10	1.78
Anxiety	Pre-test	15	4.90	1.90	1.01
	Post-test	15	6.20	2.80	1.36
Stress	Pre-test	15	11.20	3.90	0.67

Post-test	15	8.50	3.40	0.22
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Table 2 presents descriptive statistics (mean and standard deviation) and the Kolmogorov-Smirnov test of normality for the research variables in the control group. The mean scores of the identity status and mental toughness subscales increased slightly in the post-test phase, while negative emotions decreased. The Kolmogorov-Smirnov test results indicate that the p-values for all variables are greater than 0.05, suggesting that the data for each variable are approximately normally distributed at the 95% confidence level.

Homogeneity of Regression Slopes Assumption

The test for homogeneity of regression slopes was conducted by examining the interaction between pre-test scores and the group variable. The minimum

significance level for the interaction effect was 0.081, which was associated with the negative emotions variable. This indicates that the interaction effect between the pre-test scores and the group variable was not significant ($p > 0.05$) in all cases. Therefore, the interaction effect between the group and pre-test scores was rejected, confirming that the regression slopes were homogeneous and that the assumption was satisfied. According to the F-value obtained from Levene's test, no significant difference was observed at the $\alpha=0.05$ level, so the null hypothesis of homogeneity of variances is accepted. Confirmed the assumptions required for ANCOVA, the following tables and results for the research hypotheses will be presented.

Table 3

M-Box Test Results for Ego Identity Status, Mental Toughness, and Triple Negative Emotions

Variable	F-value	Degrees of Freedom	Box Value	Significance Level
Group	0.44	3	1.44	0.721

Table 3 shows that the M-Box test for the group variable is not significant. Therefore, the assumption of homogeneity of the covariance matrix was met, and

ANCOVA can be used to test the research's main hypothesis.

Table 4

Effects of Group Variable Analysis

Effect	Value	F-value	Hypothesis DF	Error DF	Significance (p)	Eta Squared
Group (Pillai's Trace)	0.68	26.59	2	25	0.001	0.680
Group (Wilks' Lambda)	0.32	26.59	2	25	0.001	0.680
Group (Hotelling's Trace)	2.12	26.59	2	25	0.001	0.680
Group (Largest Root)	2.12	26.59	2	25	0.001	0.680

According to Table 4, the Wilks' Lambda value for the group variable indicates a significant effect on the dependent variable.

Table 5

Multivariate Analysis of Covariance (MANCOVA) for Ego Identity Status, Mental Toughness, and Triple Negative Emotions

Source of Variability	Dependent Variable	Sum of Squares	df	Mean Square	F-value	Significance	Eta Squared
Group	Ego Identity Status	3.64	1	3.64	6.08	0.022	0.209
	Mental Toughness	2.76	1	2.76	6.58	0.017	0.223
	Triple Negative Emotions	9.75	1	9.75	10.50	0.003	0.351

Table 5 shows significant differences in the post-test mean scores for the subscales Ego Identity, Status, Mental Toughness, and Triple Negative Emotions between the experimental and control groups. Therefore, the experimental group, which underwent

Discussion and Conclusion

The results indicated significant differences in post-test mean scores for Ego Identity Status, Mental Toughness, and Triple-Negative Emotions between the experimental and control groups. Therefore, significant differences were found in these variables between the experimental group, which underwent multidimensional spiritual therapy, and the control group, which did not receive any intervention. In the post-test phase, the experimental group showed better performance than the control group. Specifically, multidimensional spiritual therapy had an effect size of 0.20 on Ego Identity Status, 0.22 on Mental Toughness, and 0.35 on Triple Negative Emotions. These findings are consistent with the results of studies by [Faraji et al. \(2021\)](#) and [Yaghubi et al. \(2019\)](#).

The explanation for these results is based on theories and previous studies in spiritual psychology and its effects on mental health. Multidimensional spiritual psychotherapy, a comprehensive and multifaceted approach, aims to strengthen individuals' spiritual and psychological dimensions, thereby helping them improve their personal identity and enhance their mental capacities to deal with life's challenges. The research findings demonstrated that after the implementation of spiritual psychotherapy interventions, there were significant differences in the post-test mean scores of the three variables between the experimental and control groups. Adolescents in the experimental group, who received the intervention, showed higher Ego Identity Status, greater Mental Toughness, and a significant reduction in Triple Negative Emotions compared to the control group. These results suggest that multidimensional spiritual psychotherapy can effectively support adolescents from martyr families, helping them to become more resilient psychologically

multidimensional spiritual therapy, performed better than the control group, which received no intervention. These differences are statistically significant, indicating that multidimensional spiritual therapy had a positive effect on these variables.

and emotionally, enabling them to manage pressures and negative emotions better.

In general, this study emphasizes that incorporating spiritual interventions into therapeutic processes can play an important role in improving adolescents' mental health and enhancing their quality of life.

Further, multidimensional spiritual therapy, especially when working with adolescents, can positively affect their Mental Toughness. Mental toughness is defined as an individual's ability to face challenges, pressures, and life stresses. This attribute includes resistance to pressure, acceptance of challenges, and the development of coping skills. Multidimensional spiritual psychotherapy examines the psychological, emotional, social, and spiritual dimensions of an individual's life. This approach helps adolescents to enhance their self-awareness, find meaning in life, and develop social skills. Therefore, this therapy allows adolescents to gain greater awareness of their feelings and needs, enabling them to perform better when facing challenges and pressures. By teaching coping skills and stress-management strategies, adolescents can better manage life's challenges. Multidimensional spiritual therapy can also help adolescents improve their social relationships and benefit from social support. These support networks can further help increase their Mental Toughness. Additionally, seeking meaning and purpose in life can boost motivation and mental resilience. Using spiritual and psychological techniques, adolescents can reduce anxiety and depression, contributing to improved mental health.

In the end, multidimensional spiritual psychotherapy can significantly impact adolescents' Mental Toughness. By enhancing self-awareness, developing coping skills, improving social relationships, and finding meaning and purpose in life, adolescents can face life's challenges more effectively and increase their Mental Toughness.

This approach can serve as an effective tool for improving adolescents' mental and emotional health.

Additionally, multidimensional spiritual therapy can help adolescents develop self-awareness, a sense of meaning in life, and social skills. As a result, this therapy can teach techniques such as deep breathing and meditation to reduce anxiety levels. By learning coping skills, adolescents can better manage stressful situations, controlling anxiety and depression. This therapy also helps adolescents identify and understand their emotions, which can reduce feelings of hopelessness and depression. Ultimately, multidimensional spiritual psychotherapy can positively influence the reduction of Triple Negative Emotions (anxiety, depression, and stress) in adolescents. By improving self-awareness, developing coping skills, seeking meaning in life, and strengthening social relationships, adolescents can better manage their negative emotions and enhance their quality of life. This approach can be an effective tool for improving adolescents' mental and emotional health.

Limitations and Recommendations

Like other studies, this research faced certain limitations, including a lack of suitable studies on multidimensional spiritual therapy, Ego identity Status, and Mental Toughness. A limitation was the small sample size, which raises concerns about generalizing the results to other populations. The sample was specific to Islamshahr, and given the cultural and social factors, this might affect the generalization of the results to a national level or to other groups. The results of this study may not apply to different groups due to the specific sample. Other uncontrolled variables, such as social class and economic status, could have influenced the outcomes. The non-random purposive sampling and the lack of follow-up are significant limitations of this study.

It is recommended to further explore the effectiveness of multidimensional spiritual interventions, both in combination with and compared to other proven therapies. The use of observational methods and case studies for data collection is another recommendation for future research.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Ethical considerations in this study included the fact that participation was entirely optional.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contribute to this study.

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