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The Effectiveness of 'I'tikāf Intervention on Happiness and Resilience in a Sample of Adults

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ARTICLE INFO		ABSTRACT	
Article History: Received: 16 May 2025 Revised: 07 July 2025 Accepted: 07 August 2025		SUBJECT & OBJECTIVES: A significant body of research has consistently supported the effectiveness of spirituality-based interventions in influencing a range of psychological variables. The present study aimed to investigate the effectiveness of 'I'tikāf intervention on happiness and resilience in a group of adults.	
Key Words: I'tikaf Sa 'ādah Resilience Spirituality Mental Health Islam		METHOD & FINDING: This quasi-experimental study adopted a pretest-posttest design with a control group and a one-month follow-up. The research sample consisted of 60 adult men and women, aged 18 to 60, from Sanandaj, Iran, in 2024. The participants were selected through convenience sampling and were randomly assigned to either the intervention or control group (30 individuals per group). The participants in the intervention group attended a 10-night spiritual 'I'tikāf ceremony held in mosques. They completed the items in the Oxford Happiness Questionnaire (OHQ-SF) and Connor-Davidson Resilience Scale (CD-RISC) at three pre-test, post-test, and follow-up phases. Results from the repeated measures multivariate analysis of variance (MANOVA) indicated that the spiritual 'I'tikāf intervention significantly increased the participants' levels of happiness and resilience in the post-intervention phase, and these improvements were retained at the follow-up stage.	
DOI: https://doi.org/10.22034/		CONCLUSION: Consistent with previous studies that have addressed the mental health benefits of spiritual interventions, the present study introduced 'I'tikāf as a spiritual intervention and a therapeutic option for enhancing the psychological well-being, specifically the happiness and resilience of adults.	
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Introduction

The importance of spirituality and human spiritual development has increasingly become a growing focus of psychologists and mental health professionals in recent decades. Progress in psychology, along with the increasing complexity and dynamism of modern societies, has highlighted spiritual needs over material demands (West, 2000). Since spiritual and religious values can play a vital role in human life, they should be considered a potential therapeutic resource. For many, religious faith or personal spirituality serves as a potent source of meaning and purpose, offering vital direction in life (Corey, 2006). Spirituality and religion serve as essential sources of inner strength and frameworks for discovering meaning for many clients, thus contributing to their health and well-being. A growing body of empirical evidence suggests that spiritual values and behaviors can positively impact individuals' physical and psychological well-being (Osafo et al., 2013).

Numerous studies have demonstrated the association between religiosity and mental health. For instance, participants in a study by Lee et al. (2014) reported that religious beliefs induced positive energy, inner strength, and calmness, helping them better cope with daily stressors. Patients with chronic medical conditions such as cancer (Smith et al., 1993) and chronic kidney disease

(O'Brien, 1982) have frequently turned to religious and spiritual interventions alongside medical care, reporting various positive outcomes. In addition, Gillum et al. (2008) reported a relationship between weekly attendance at religious institutions and lower risk of death.

Conceptual Framework

1. 'I'tikāf (Spiritual Retreat in Mosque)

In Islam, as in other religions, various practices serve as mechanisms for coping with daily stressors and hardships, providing relief from anxiety and other negative mental states (Achour et al., 2016). Among the most important of these practices are Wudū' (minor ablution), Ṣalāh (prayer), Tilāwah al-Qur'ān (reciting the Quran), Dhikr (remembrance of God), Du'ā' (supplication), Istighfār (seeking forgiveness from God), Ṣawm (fasting), and I'tikāf (spiritual retreat in a mosque) (Denny, 2015). In this respect, Allah (SWT) said, "O you who have faith! Take recourse in patience and prayer; indeed Allah is with the patient." (Quran 2:153), and "Those who have faith and whose hearts find rest in the remembrance of Allah.' Behold! The hearts find rest in Allah's remembrance!" (Quran 13:28). In Islamic tradition, 'I'tikāf refers to staying and residing in a mosque where congregational prayers are held, with a specific intention for worship and

under certain conditions (Ibn ‘Ābidīn, 1996; Qarāfī, 1994; Shīrbīnī, 1994; Ibn Quddāmāh, 1993). ‘I’tikāf has been recognized as a form of worship since the era of Prophet Abraham (PBUH). It is intended to decrease worldly distractions, foster solitude, engage in increased worship, seek forgiveness for sins, and draw closer to God (Karakaş & Eker, 2018). Any mentally competent person who is allowed to remain in a mosque may perform I’tikāf. However, individuals in a state of Janābah (major ritual impurity), Ḥā’id (menstruating women), and Nufasā’ (postpartum women) are not permitted to do so (Kāsānī, 1986; Ramlī, 1984). The practice of I’tikāf involves staying in a mosque for more than three days while engaging in acts of worship, supplication, contemplation, and similar spiritual activities, preferably performed individually to realize the core purpose of seclusion and devotion. The predominant juristic view holds that Ṣawm (fasting) is not obligatory during I’tikāf, though it is recommended; however, if one does Naḍr (vow) to fast during the period, it becomes mandatory. Practical restrictions during I’tikāf include leaving the mosque without a valid reason, engaging in any form of marital or sexual relations, and consumption of intoxicants or psychoactive substances. Additionally, participants should

refrain from slander, infringing upon others’ rights, and other unethical behaviors before entering I’tikāf (Asqalānī, 1959; Ibn Quddāmāh, 1986). It is recommended that individuals wear modest and elegant clothing, use permissible fragrances, avoid frivolous actions, and dedicate themselves to worship and solitude throughout the period of I’tikāf (Shīrbīnī, 1994). This practice is especially emphasized and performed during the last ten nights of the holy month of Ramadan, during which individuals stay in mosques or similar spaces, devoting themselves to acts of worship such as prayer, reflection, studying religious texts, reciting the Quran, and engaging in remembrance of God (Eker et al., 2017). While Islamic jurisprudence does not impose a strict time limit for ‘I’tikāf, particular emphasis is placed on nighttime worship, especially during the final nights of Ramadan. The Quran also emphasizes the spiritual impact of nighttime worship and seclusion, as a time removed from the pressures of daily responsibilities (cf. Quran 73:6-7). Spatially, the practice of ‘I’tikāf is limited to mosques, highlighting its sacred and structured nature (Qāsimī, 1997). When an individual spends time, especially during the night, in a mosque reflecting on their life and making important decisions, it can have a direct impact on their sense of

satisfaction, inner peace, and resilience (Karakaş & Eker, 2018). Also, mystics point out that a human being is such a combination of body and soul, and the holy traveler needs practices for both. Accordingly, he must act and worship. He acts for his body and worships for his soul (Mustafa et al, 2021). Hence, the present study examines the effect of participation in 'I'tikāf on the happiness and resilience of individuals.

2. Sa'ādah (Happiness)

Happiness is one of the positive emotions inherent in human beings that significantly influences thought, feeling, and behavior (Carson, 2019). In the Quran and Ḥadīth, the concept of happiness is expressed through various terms such as Farah (joy), Surūr (delight), and Bahjah (gladness), among others (Joshnloo, 2013). Studies have highlighted the relationship between spiritual well-being and happiness (Karahan et al., 2024). A sense of happiness positively impacts various aspects of an individual's life, including physical health, longevity, academic performance, creative thinking, problem-solving ability, and mental health. In Islam, Sa'ādah (true happiness) is understood as a form of cognitive awareness that arises from attaining levels of human perfection. This form of happiness is accompanied by a profound and enduring joy characterized by inner stability and

persistence. From an Islamic perspective, several factors contribute to the enhancement of happiness, including Ṣabr (patience), Shukr (gratitude), recognition of blessings, obedience to God, Dhikr (remembrance of God), and a positive outlook on life (Shahama et al., 2022).

3. Resilience

Resilience refers to an individual's ability to successfully cope with and adapt to adverse conditions, and it is one of the key constructs emphasized in positive psychology. Resilience is defined as a dynamic process of positive adaptation in the face of difficult or traumatic experiences (Lee, 2017). Highly resilient individuals can maintain their psychological well-being even in stressful and challenging situations. According to Masten's (2001) "ordinary magic" framework, resilience is not an extraordinary trait but rather arises from normative systems like supportive relationships and adaptive skills. Spirituality, including a sense of purpose or connection to something greater, has also been recognized as a key component of resilience, particularly in the context of stress and trauma (Pargament, 2007). Spiritual beliefs can offer coping mechanisms, emotional regulation, and a framework for meaning-making that strengthens psychological resilience. According to Gall (2003), there is a significant

relationship between religious resources and individuals' ability to cope with difficulties and hardships, suggesting that different forms of religious coping are associated with effective problem-solving strategies. The greater the spiritual attachment and connection a person has with God, the higher their level of resilience is likely to be (Zahed-Babelan et al., 2012 & Hasanzadeh Mashkani, 2024).

Literature Review

Numerous studies have investigated the effectiveness of various interventions in enhancing happiness and resilience. These studies have followed diverse theoretical orientations, each approaching these constructs based on their specific conceptual assumptions and frameworks. Interventions such as emotion regulation training for university students (Chen et al., 2022), hope therapy for female students (Movaghar & Akbari Amarghan, 2020), acceptance and commitment therapy (ACT) for adults (Nugraha & Oriza, 2024), and self-care practices for patients (Molazem et al., 2022) are among the many approaches that have been employed to promote happiness and resilience. Moreover, a significant body of research has consistently supported the effectiveness of spirituality-based interventions in influencing a range of psychological variables. Various studies have

demonstrated that such interventions can contribute to the reduction of psychological distress and mental health issues (Sedaghat Ghotbabadi & Haji Alizadeh, 2018) and improve quality of life (Jafari et al., 2013). A review article reported empirical support for the effectiveness of religious and spiritual treatments in addressing depression, anxiety, lack of forgiveness, eating disorders, schizophrenia, alcoholism, anger, and marital functioning (Hook et al., 2010). It is reasonable to expect that spirituality-based interventions may also enhance happiness and resilience. Key spiritual-religious interventions include prayer, forgiveness, meditation, mindfulness, yoga, spiritual journaling, and the integration of sacred texts (Aten et al., 2011). Although 'I'tikāf is a well-established spiritual practice in Islam (Ali & Qadri, 2024), and some studies have examined its therapeutic effects (Karakaş & Eker, 2018; Eker et al., 2017), it remains in the early stages of empirical exploration and requires further studies to establish its efficacy. While 'I'tikāf shares significant similarities with prayer as a spiritual intervention, unlike the individual nature of prayer, 'I'tikāf is typically practiced collectively in mosques. Hence, considering the spiritual and educational objectives of 'I'tikāf, the present study aimed to examine the effectiveness of this spiritual intervention on the

happiness and resilience of a group of adults.

Although spirituality-based interventions have received growing empirical support, several scholars caution against overly generalized conclusions. For instance, resilience itself has been described as a conceptually ambiguous construct—variously defined as a trait, a process, or an outcome—which complicates cross-study comparisons and reduces theoretical clarity (Luthar et al., 2000). Likewise, reviews of religious and spiritual interventions highlight methodological limitations, including heterogeneous designs, insufficiently rigorous control conditions, and lack of long-term follow-ups, which call for more cautious interpretation of existing findings (Aggarwal et al., 2023). These critiques underscore the importance of conducting well-structured, culturally grounded studies—such as the present investigation of ‘I’tikāf—to contribute more robust evidence to the field.

Research Method

The present study employed a quasi-experimental design with a pre-test, post-test, and one-month follow-up, including both intervention and control groups. The study was conducted in

2024 on a sample of 60 female and male adults aged 18 to 66 years in Sanandaj, Iran. The participants were selected through convenience sampling. Accordingly, 30 individuals were randomly assigned to the intervention group and 30 to the control group. The participants in the intervention group attended ten nights of spiritual ‘I’tikāf ceremonies held in mosques, during which their levels of happiness and resilience were assessed in three phases: pre-test, post-test, and follow-up. The members of the control group continued their usual spiritual or religious practices, such as prayer and supplication, but did not participate in the ‘I’tikāf ceremonies. They were also assessed at the same three intervals for happiness and resilience. The inclusion criteria were participants' informed consent to take part in the study, while exclusion criteria involved being absent for more than one night during the ten-night ‘I’tikāf, the failure to complete all items in the questionnaires at any assessment point, or simultaneous participation in other intervention or training programs.

Table 1 displays the main demographic characteristics of the participants in the two groups (see Table 1).

Table 1. Demographic Information of Participants in Groups

Variable	Category	Intervention group	Control group
Gender	Female	9 (30%)	13 (50%)
	Male	21 (70%)	17 (50%)

	Age range	18 to 66 years	20 to 64 years
Education	Illiterate	1 (3.3%)	2 (6.7%)
	Primary education	1 (3.3%)	1 (3.3%)
	High school diploma	17 (56.7%)	13 (43.3%)
	Associate's degree	2 (6.7%)	1 (3.3%)
	Bachelor's degree	7 (23.3%)	10 (33.3%)
	Master's degree or higher	2 (6.7%)	3 (10%)
Marital status	Single	6 (20%)	8 (26.7%)
	Married	24 (80%)	22 (73.3%)
Employment status	Housewife	7 (23.3%)	10 (33.3%)
	Self-employed	16 (53.3%)	18 (60%)
	Employee	7 (23.3%)	2 (6.7%)

Tools

1. Oxford Happiness Questionnaire-Short Form (OHQ-SF):

This 8-item questionnaire was developed by Hills and Argyle (2002) to assess the level of happiness as a unidimensional construct. The items in OHQ-SF are scored based on a six-point Likert scale (ranging from 1 = strongly disagree to 6 = strongly agree), although some items (1, 4, and 8) are reverse-scored. The scores obtained from the OHQ-SF range from 8 to 48, with higher scores indicating greater happiness. The Cronbach alpha for the original version of the questionnaire was reported to be 0.69 (Hills & Argyle, 2002). Psychometric findings related to the OHQ-SF in Iranian university students indicate that this

questionnaire can be used as a valid tool in psychological studies (Dehshiri et al., 2016).

2. Connor-Davidson Resilience Scale (CD-RISC):

The developers of this scale (Connor & Davidson, 2003) believe that the CD-RISC is well-suited to distinguish resilient individuals from non-resilient ones in both clinical and non-clinical groups, and it can be used in both research and clinical settings. The CD-RISC contains 25 items and five subscales: personal competence, tolerance of negative affect, acceptance, control, and spiritual influences. The items are scored on a five-point Likert scale (ranging from 0 = not true at all to 4 = true nearly all the time). The total score obtained from this scale ranges from 0 to 100, with higher scores indicating greater resilience.

Connor and Davidson reported a Cronbach's alpha of 0.89 for the scale. Psychometric properties of this scale among the Iranian population were examined and confirmed by Sharif Nia et al. (2023).

Domain & Procedures

At the start of Ramadan in Sanandaj, Iran, and after completing the preliminary tasks such as preparing the initial research proposal, organizing the research team, and designing the questionnaires, a call for participation in the study was prepared, along with an explanation of the objectives, nature, stages, and duration of the study. Since the *'I'tikāf* ceremony is held annually during the last 10 nights of Ramadan, announcements were made in mosques and religious centers, inviting individuals who were interested in participating in the study. At the end of the announcement period, 60 male and female adults willing to participate were identified and assessed through brief individual interviews, followed by initial evaluations, including the pre-test stage. After the completion of the 10 final nights of Ramadan and the conclusion of the *'I'tikāf*, the post-test was administered again to the same participants. One month later, the same assessments were conducted for the participants as part of the follow-up stage. During the 10 nights of *'I'tikāf*,

the researchers ensured full attendance and no absences for the participants in the intervention group through attendance sheets. The most important ethical considerations in this study included a full explanation of the research objectives and nature before the execution phase, voluntary participation of the individuals in the *'I'tikāf* sessions, completing the questionnaires willingly by the participants, ensuring the confidentiality of the participants' information and identities, and holding at least one session on spiritual teachings for the participants in the control group after the study was completed. The spiritual intervention of *'I'tikāf* involved specific rituals and stages that participants were required to follow during the 10 nights of Ramadan. This protocol was derived from authoritative religious sources, including *Mughnī al-Muhtāj* by al-Sharbīnī (1994), *Badā'ī 'al-Ṣanā'ī* by al-Kāsānī (1986), and *Fath al-Bārī Sharḥ Ṣaḥīḥ al-Bukhārī* by Ibn Hajar al-ʿAsqalānī (1959). This study was conducted under the Declaration of Helsinki. Written informed consent was secured from all individuals involved in the study. All methods were performed in accordance with the relevant guidelines and regulations.

Data Analysis

In this study, data were analyzed using SPSS-25 software. After establishing

the assumptions for the repeated measures multivariate analysis of variance (MANOVA), this statistical method was applied. Key assumptions included the normality of the data distribution, homogeneity of variances, and the assumption of equality of covariance matrices, all of which were confirmed.

Findings

The descriptive results, including the mean and standard deviation of the pre-test, post-test, and follow-up scores for the participants in both the intervention and control groups, are summarized in Table 2 (see Table 2).

Table 2. The descriptive statistics for the research variables in the two groups

Variable	Group	Pre-test		Post-test		Follow-up	
		M	Sd	M	Sd	M	Sd
Happiness	Intervention	28.93	4.17	48.23	8.17	46.66	5.95
	Control	27.73	4.02	28.46	3.97	28.66	4.73
Resilience (total)	Intervention	90.13	12.45	104.03	7.95	103.60	7.29
	Control	89.23	14.17	91.10	13.67	91.60	13.05
Perception of Personal Competence	Intervention	27.66	5.61	33.00	3.11	32.50	2.80
	Control	29.76	5.70	29.30	5.77	28.66	5.14
Tolerance of Negative Affect	Intervention	24.13	4.71	26.86	3.03	27.63	2.94
	Control	24.00	4.62	24.76	4.71	24.53	3.98
Positive Acceptance of Change and Secure Relationships	Intervention	19.40	3.47	21.20	3.53	21.30	2.50
	Control	17.96	2.67	18.56	3.18	19.83	6.19
Control	Intervention	10.70	2.33	13.46	1.96	13.06	1.63
	Control	10.50	2.56	10.50	2.34	10.66	1.64
Spiritual Influences	Intervention	8.23	1.95	9.50	1.69	9.10	1.80
	Control	7.00	2.00	7.96	2.34	8.50	2.12

Based on the data presented in Table 2, the mean scores for the research variables reveal significant changes in the intervention group at the post-test stage compared to the pre-test stage. Specifically, the mean scores for

happiness and resilience (both overall and subscale scores) in the intervention group at the post-test and follow-up stages were significantly higher than the mean scores at the pre-test stage.

Before conducting inferential analyses and performing the multivariate repeated measures analysis of variance, the assumptions were assessed. The Shapiro-Wilk test results for normality of the distribution of variables indicated that the p-values for happiness ($p = 0.273$), perception of personal competence ($p = 0.112$), tolerance of negative affect ($p = 0.451$), acceptance of change and secure relationships ($p = 0.104$), control ($p = 0.063$), and spiritual influences ($p = 0.138$) were greater than 0.05, confirming that the distributions are normal. The homogeneity of variances was assessed using Levene's test and Box's M test. Levene's test results showed that the variables of happiness ($p = 0.941$; $F = 0.006$), resilience (total) ($p = 0.411$; $F = 0.685$), perception of personal competence ($p = 0.936$; $F = 0.006$), tolerance of negative affect ($p = 0.528$; $F = 0.403$), acceptance of change and secure relationships ($p =$

0.232 ; $F = 1.462$), control ($p = 0.489$; $F = 0.485$), and spiritual influences ($p = 0.844$; $F = 0.039$) all had p-values greater than 0.05. The results of Box's M test for the equality of covariance matrices yielded an F-value of 4.75 with a P-value of 0.609, which was not significant at the 0.01 level, suggesting that the covariance matrices between the two groups were not significantly different (Box's $M = 4.75$; $p = 0.609$). The results of Mauchly's test of sphericity are presented in Table 3. The results indicate that sphericity was met for resilience (total) and tolerance of negative affect. However, for happiness, perception of personal competence, tolerance of negative affect, acceptance of change, secure relationships, control, and spiritual influences, the assumption of sphericity was violated, thus requiring the application of the Greenhouse-Geisser correction (Table 4).

Table 3: Mauchly's Test of Sphericity

Variable	Mauchly's value	Approx. square	Chi- df	Sig	Greenhouse-Geisser epsilon
Happiness	0.840	9.948	2	0.007	0.862
Resilience (total)	0.950	2.942	2	0.230	0.952
Perception of Personal Competence	0.882	7.140	2	0.028	0.895
Tolerance of Negative Affect	0.944	3.289	2	0.193	0.947
Acceptance of Change and Secure Relationships	0.829	10.676	2	0.005	0.854
Control	0.873	7.727	2	0.021	0.887
Spiritual Influences	0.791	13.355	2	0.001	0.827

Table 4. Intragroup Effects Test

Dependent variable	Test	Source of variance	Sum of squares	df	Mean square	F	Sig	η^2
Happiness	Greenhouse-	Time	396.21	1	1.72	229.83	0.001	0.33
	Geisser	Time $\times$ Group	151.90	1	1.72	88.11	0.001	0.16
		Error	799.88	98	8.00			
Resilience (total)	Greenhouse-	Time	2496.43	1	1.90	1311.51	0.001	0.28
	Geisser	Time $\times$ Group	1344.41	1	1.90	706.12	0.001	0.17
		Error	6429.82	44	110.58			
Perception of Personal Competence	Greenhouse-	Time	194.53	1	1.78	108.71	0.001	0.12
	Geisser	Time $\times$ Group	344.31	1	1.78	192.42	0.001	0.20
		Error	1372.48	78	13.22			
Tolerance of Negative Affect	Greenhouse-	Time	144.01	1	1.89	76.14	0.001	0.11
	Geisser	Time $\times$ Group	68.34	1	1.89	36.08	0.040	0.05
		Error	1169.64	84	10.64			
Acceptance of Change and Secure Relationships	Greenhouse-	Time	109.07	1	1.70	63.85	0.007	0.08
	Geisser	Time $\times$ Group	14.01	1	1.70	8.72	0.468	0.01
		Error	1127.57	70	11.38			
Control	Greenhouse-	Time	70.63	1	1.77	39.57	0.001	0.15
	Geisser	Time $\times$ Group	64.07	1	1.77	36.59	0.001	0.14
		Error	387.28	94	3.76			
Spiritual Influences	Greenhouse-	Time	41.63	1	1.65	25.63	0.001	0.14
	Geisser	Time $\times$ Group	1.01	1	1.65	0.61	0.750	0.004
		Error	250.68	95	2.61			

The MANOVA results indicated that there was a significant intragroup difference in the linear combination of the dependent variables ($p < 0.05$), as shown in Table 4. Given that the

assumptions were met, the multivariate repeated measures analysis of variance was then applied. The results confirmed a significant difference in the linear combination of the

dependent variables between groups, as displayed in Table 5.

Table 5. Intergroup Effects Test

Variables	Source	df	Mean squares	F	P	η^2
Happiness	Group	1	649.80	24.93	0.001	0.30
	Error	58	26.06			
Resilience (total)	Group	1	3336.80	10.97	0.002	0.15
	Error	58	304.15			
Perception of Personal Competence	Group	1	147.60	3.13	0.082	0.05
	Error	58	47.06			
Tolerance of Negative Affect	Group	1	142.22	4.79	0.033	0.07
	Error	58	29.63			
Acceptance of Change & Secure Relations	Group	1	153.08	6.42	0.014	0.10
	Error	58	23.81			
Control	Group	1	154.93	23.04	0.001	0.28
	Error	58	6.72			
Spiritual Influences	Group	1	78.67	9.82	0.003	0.15
	Error	58	8.00			

As shown in Table 5, the intergroup factor yielded statistically significant F values for the following variables at the $p < 0.01$ level: happiness ($F = 24.93$, $p < 0.01$, $\eta^2 = 0.30$), overall resilience ($F = 10.97$, $p < 0.01$, $\eta^2 = 0.15$), perception of personal competence ($F = 3.13$, $p < 0.01$, $\eta^2 = 0.05$), tolerance of negative affect ($F = 4.79$, $p < 0.01$, $\eta^2 = 0.07$), acceptance of change and secure relationships ($F = 6.42$, $p < 0.01$, $\eta^2 = 0.10$), control ($F = 23.04$, $p < 0.01$, $\eta^2 = 0.28$), and spiritual

influences ($F = 9.82$, $p < 0.01$, $\eta^2 = 0.14$). These data indicate a significant difference in the overall mean scores of happiness, resilience (total), and their components across the two groups (intervention and control). Given the significance of the repeated measures ANOVA, the Bonferroni post hoc test was conducted to examine pairwise differences across stages. The results of these pairwise comparisons are presented in Table 6.

The results presented in Table 6 indicate that there is a significant difference between the pre-test and post-test stages in the variables of happiness, overall resilience, and its components. Moreover, the

comparison between the post-test and follow-up stages reveals no significant differences, suggesting that the effects observed at the post-test phase were retained over time.

Table 6. Bonferroni Test results for pairwise comparisons at the three measurement stages

Variable	Time (I)	Time (J)	Mean difference (I-J)	Standard error	Sig.
Happiness	Pre-test	Post-test	-3.03*	0.434	0.001
		Follow-up	-3.25*	0.567	0.001
	Post-test	Follow-up	-0.217	0.424	1.000
Resilience (total)	Pre-test	Post-test	-7.88*	1.49	0.001
		Follow-up	-7.91*	1.33	0.001
	Post-test	Follow-up	-0.033	1.23	1.000
Perception of Personal Competence	Pre-test	Post-test	-2.43*	0.694	0.003
		Follow-up	-1.86*	0.664	0.020
	Post-test	Follow-up	0.567	0.511	0.816
Tolerance of Negative Affect	Pre-test	Post-test	-1.75*	0.632	0.023
		Follow-up	-2.01*	0.513	0.001
	Post-test	Follow-up	-0.267	0.588	1.000
Acceptance of Change and Secure Relationships	Pre-test	Post-test	-1.20*	0.437	0.024
		Follow-up	-1.88*	0.615	0.010
	Post-test	Follow-up	0.683	0.634	0.858
Control	Pre-test	Post-test	-1.38*	0.370	0.001
		Follow-up	-1.26*	0.354	0.002
	Post-test	Follow-up	0.117	0.269	1.000
Spiritual Influences	Pre-test	Post-test	-1.11*	0.315	0.002
		Follow-up	-0.88*	0.273	0.006
	Post-test	Follow-up	0.233	0.206	0.783

Conclusion

The present study examined the effectiveness of *I'tikāf* (spiritual retreat intervention) on the happiness and resilience of adults. The findings indicated that participation in *I'tikāf* had a significant positive impact on increasing both happiness and resilience at the post-test stage and that these effects were retained at the follow-up phase. At a broader conceptual level, since *I'tikāf* is considered part of the wider spectrum of spiritual interventions, the findings of this study were consistent with previous studies demonstrating the role of various spiritual practices in enhancing people's psychological well-being (Sedaghat Ghotbabadi & Haji Alizadeh, 2018; Jafari et al., 2013; Hook et al., 2010; Aten et al., 2011). At a more specific and technical level, the findings were also consistent with the studies (Karakaş & Eker, 2018; Eker et al., 2017) that have shown the effectiveness of *I'tikāf* on different groups and psychological variables.

The findings from this study can be interpreted from both a general spiritual perspective and a more specific intervention-based view. Overall, religious and spiritual activities are generally associated with improved health outcomes. Numerous studies have highlighted the positive effects of religious activities and practices on psychological well-being,

mental well-being, physical health, and reduced depression (Koenig et al., 2004). Spirituality is also correlated with the World Health Organization's indicators of quality of life (WHOQoL SRPB Group, 2006). From a physical health perspective, participation in religious activities has been linked to lower blood pressure (Koenig et al., 1998) and reduced mortality rates (Gillum et al., 2008; Koenig et al., 1999). Various scholars have provided explanations for how religion and spirituality serve as protective and buffering factors in the face of adversity. Osafu et al. (2013) argued that religion can function as a source of hope, increasing individuals' capacity for coping and endurance in difficult circumstances by helping them find meaningful and acceptable interpretations of suffering. Moreover, Lawrence et al. (2016) suggested that religious involvement, through communal participation in religious activities, fosters a strong sense of social support, which in turn reduces psychological distress. From a sociological perspective, particularly among individuals who have lost their social status due to issues such as unemployment, family problems, or other life crises, especially in religious-oriented societies, religion can play a central role in redefining personal identity and restoring a sense of belonging. In such cases, religion

contributes significantly to mental health recovery (Lester, 2006).

At a more specific level, how *I'tikāf* contributes to enhanced mental health, happiness, and resilience is closely tied to one's understanding of its purpose and philosophy. In Islam, performing acts of worship without reflection is discouraged; instead, religious practices are meant to be accompanied by deep personal and social meaning. *I'tikāf* involves intentional seclusion centered on *Murāqaba* (meditation), *Dhikr* (remembrance), and *Muḥāsaba al-Nafs* (self-accountability), and its effectiveness lies in this purposeful solitude (Shirbīnī, 1994; Ibn 'Ābidīn, 1996). Reflective thinking, a core component of *I'tikāf*, allows the individual to contemplate divine power, mercy, and life's meaning, encouraging optimism and detachment from material concerns. By perceiving themselves within a purposeful divine order and trusting in a forgiving and merciful God, the individual experiences inner peace, or *itmi'nan*, as described in the Quran (Shinqīṭī, 1984). Furthermore, *I'tikāf* promotes self-monitoring, helping individuals distinguish their authentic selves and align their actions accordingly. This aligns with therapeutic concepts such as self-observation in cognitive-behavioral therapy, emphasizing *I'tikāf* as a holistic spiritual

intervention that fosters psychological resilience and overall well-being (Mahmudi et al., 2016).

Ultimately, it is important to emphasize that Iran, as an Asian country with a collectivist culture, shares many similarities with other Eastern societies (Rostami et al., 2022). The spiritual intervention of *I'tikāf* is typically practiced communally in mosques alongside other worshippers. In collectivist cultures, values such as family and social support hold a central place, and the experience of loneliness can be particularly distressing (Luo & Waite, 2014). Moreover, according to Islamic teachings, engaging in worship collectively holds greater spiritual merit and reward compared to performing rituals individually (Shirbīnī, 1994). This communal aspect of *I'tikāf* can thus be considered a significant advantage, enhancing its psychological and spiritual effectiveness.

One of the main limitations of the present study was the use of convenience sampling, a non-random method that restricts the generalizability of the findings. Consequently, caution should be exercised when applying the findings to broader populations. Furthermore, the study did not address demographic variables such as gender and social status during data analysis. For

example, previous studies have suggested that women may have a stronger inclination toward spirituality and religious beliefs than men (Mahalik & Lagan, 2001). Another study (Ibraheem & Ibraheem, 2015) reported that average spirituality scores were significantly higher among female, married, and older (over 40 years) respondents compared to their counterparts. Thus, future researchers need to incorporate these factors into their analyses. A final limitation was the use of self-report instruments. This method is susceptible to issues such as misinterpretation of questions or the influence of lower education levels on the quality of responses.

In line with previous studies highlighting the beneficial effects of spiritual interventions on mental health, the present research introduces *I'tikāf* as a viable therapeutic option for enhancing psychological well-being, particularly in terms of happiness and resilience. The findings from this study supported the broader movement of positive psychology, which emphasizes the central role of spirituality and religious belief in many individuals' lives and their diverse effects on mental health. Ignoring spiritual or religious dimensions in the psychotherapy process may result in an incomplete assessment. *I'tikāf* is a spiritual practice that provides individuals with an opportunity for

seclusion and divine connection, fostering a sense of spiritual peace. The individuals who attain such inner peace are often better equipped to cope with life's challenges and maintain and promote mental health. Accordingly, this intervention, alongside other psychological and spiritual approaches, appears to be a complementary and suitable option for individuals suffering from mental health problems.

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Author Contributions

The study's conception, design, material preparation, data collection, and analysis were performed by Soheila Rostami, Wrya Hafidi, and Pardis Rostami. The initial draft of the manuscript was prepared by Mohammad Rostami, and the final version was critically reviewed, revised, and approved by all contributing authors.

Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this manuscript.

Negative AI Statement

The author(s) declare that no AI tools or services were not used or not highly applied during the preparation of this work.

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