

## Reducing parenting stress among Muslim mothers during the COVID-19 pandemic through spiritual mindfulness training

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### ABSTRACT

An imbalance between nurturing expectations and available resources during the COVID-19 pandemic increases the risk of parental stress. This study aimed to reduce parental stress through spiritual mindfulness training among Indonesian Muslim mothers. This study applied the embedded experimental model, one part of the mixed method design, where qualitative data is used to clarify the results of the experimental data. The experimental design used was the pretest-posttest control group design. Twenty individuals were randomly assigned to experimental and control groups. The Parental Stress Scale was used to assess parental stress. The Wilcoxon and Mann-Whitney U tests were used to compare parental stress levels before and after spiritual mindfulness training. The hypothesis test results show that spiritual mindfulness training effectively reduces parenting stress for Indonesian Muslim mothers. Observation data during the training process and analysis of the assignment sheet found that the two individuals actively participating in the training process and frequently filling out the assignment sheets reduced parental stress levels more than their more passive counterparts. Spiritual mindfulness training successfully decreases the parental stress of Muslim mothers, and it is strongly suggested that mothers practice training regularly to considerably control their stress.

### Introduction

The COVID-19 pandemic has tremendously influenced numerous spheres of life in the past two years. Parents' psychological well-being decreases with growing life crises, such as job loss, lower income, caregiving stress, and sickness during a pandemic (Gassman-Pines et al., 2020; Prime et al., 2020). The pandemic's impact on parental health, security, and finances causes physical, mental, and emotional exhaustion (Brown et al., 2020; Cluver et al., 2020; Fegert et al., 2020). The more pressures parents face, the more likely they are to develop stress, anxiety, and depression (Beckerman et al., 2017).

Parents with children in elementary, middle, and high school were also shown to be more likely to face mental health issues during the pandemic (Liu et al., 2020; Spinelli & Pellino, 2020; Wu et al., 2020). According to previous studies, parents reported mental problems, tension, anxiety, and depression, as well as trouble sleeping during the pandemic (Brown et al., 2020; Elbay et al., 2020; Thorell et al., 2022; Zhao et al., 2020). During the outbreak, parents in Indonesia encountered several parenting issues, particularly in aiding their children's online learning. Numerous challenges have been confronted by students, teachers, and parents in online teaching and learning activities, including a lack of

technological mastery, the addition of internet quota fees, the existence of additional work for parents in accompanying children to learn, reduced communication and socialization between students, teachers, and parents, as well as unlimited working hours for teachers as they are required to communicate and coordinate with parents and colleagues (Purwanto et al., 2020). At least 75.34% of the parents experienced moderate stress, 10.31% severe stress, and the rest had mild stress after three weeks of implementing online learning in Indonesia (Susilowati & Azzasyofia, 2020). Based on the survey results, it was concluded that the majority (97.7%) of parents experienced an imbalance between the demands of education and child care and the available resources, thus triggering parenting stress, which had an impact on the emotional condition of parents and decreased children's enthusiasm towards learning and achievement.

Marital satisfaction, social support, parenting styles, changes in working conditions, personal characteristics, and a history of mental illness are among the variables that contribute to the mental health issues suffered by parents during the pandemic (Cusinato et al., 2020; Wu et al., 2020). Psychological difficulties in parents impede their ability to accept responsibility for their children and meet their needs. It also increases the likelihood of violence toward children. The increasing parenting obligations and limited resources cause physical, mental, and emotional exhaustion, which adds to stress (Griffith, 2022). When addressed incorrectly, such a circumstance can severely impact children's development and parents' well-being.

Various psychological therapies, including the stepping stone treatment program (STTP), behavior parenting therapy, cognitive behavior therapy, psychoeducation, and mindfulness, can be used to relieve stress, anxiety, and depression in parents (Rafifah et al., 2021; Sohmaran & Shorey, 2019). Moreover, mindfulness techniques are relatively more effective for longer periods than other methods (Bazzano et al., 2015; Behbahani et al., 2018; Corthorn, 2018; Neece, 2014). Mindfulness is also beneficial in lowering stress, promoting psychological well-being, and minimizing recurring depressive symptoms (Cachia et al., 2016).

Mindfulness was initially borrowed from Buddhist teachings (Williams & Kabat-Zinn, 2011). However, it was later refined and objectively tested to ensure it was not restricted to specific religious doctrines. Based on the findings of many investigations, mindfulness has evolved into a conceptual and more general therapeutic model (Ong et al., 2012). Mindfulness is being aware of what is happening at present, from moment to moment, without passing judgment (Kabat-Zinn, 2003). Mindfulness is a meditation method that aims to alleviate pressure caused by perceived stress. Mindfulness practices can help soothe the mind, improve awareness of one's mind and surroundings, and enable people to experience alpha and theta brain waves (Behan, 2020). People achieve alpha and theta brain waves, which maintain a serene state when they perform meditation (Tang et al., 2019).

Spiritual mindfulness is an applicable mindfulness technique that may be employed in daily life. Individuals' therapeutic benefits are thought and shown to be strengthened by the spiritual approach in psychological psychotherapy (Hapsari et al., 2021; Purwanto et al., 2022; Taufik & Ibrahim, 2019). It is known that mindfulness and spirituality have a favorable relationship (Lazaridou & Pentaris, 2016). In Islam, the spiritual notion of mindfulness tries to integrate mindfulness methods with Islamic teachings. Spiritual mindfulness focuses on increasing self-awareness that the issues an individual currently confronts are God's scenario, and God is the Greatest who can solve them (Munif et al., 2019). A previous study has shown that spiritual awareness can promote optimism and serenity of the mind (Fahmi, 2018). Muslim psychiatrists, clinical psychologists, and social workers pioneered Islamic spiritual mindfulness techniques by incorporating classical Sufi teachings into intervention techniques such as mindfulness-based stress reduction (MBSR), mindfulness-based cognitive therapy (MBCT), dialectical behavior therapy (DBT), acceptance and commitment therapy (ACT), as well as mindfulness-based relapse prevention (MBRP) (Isgandarova, 2019). Islamic

psychotherapy is a method combining Islamic in addition to Western psychological techniques to examine and treat cognitive, behavioral, emotional, as well as spiritual disorders. Those who practiced Islamic psychotherapy began with the Qur'an and the prophetic tradition as the cornerstone of their work.

In the Islamic notion, mindfulness is known as *muraqaba*, which derives from the word *raqaeb*, meaning to supervise or pay attention (Isgandarova, 2019). *Muraqaba* is known as meditation in Islam, and it has long been performed by past generations, such as the prophet and his followers, in the form of praying, worshipping, and remembering God to develop the spiritual element (Parrot, 2017). There are five main stages of *muraqaba*, i.e., intention: *mushahada*, *tasawwur*, *tafakkur*, *tadabbur*, and *muhasabah* (Isgandarova, 2019). The value of *muraqaba* is further explained in Al-Quran Surah Ar-Ra'd verse 28: (particularly) those who have believed and whose hearts are assured by the remembrance of Allah. Unquestionably, by the remembrance of Allah hearts are assured.

Islamic mindfulness will blend cognitive, emotive, and bodily qualities with appreciating God's attributes, Most Great, All-Seeing, All-Hearing, and All-Knowing (Fahmi, 2018). A lot of study has been done on the function of spiritual awareness in lowering psychological symptoms during a pandemic. Mindfulness meditation combined with a spiritual approach was useful in lowering people's anxiety during a pandemic (Hasina et al., 2021). Islamic spiritual mindfulness substantially influences depression reduction in nursing students during a pandemic (Dwidiyanti et al., 2021). While spirituality significantly affects the link between fear and mental health during a pandemic (Rathakrishnan et al., 2022). Based on the results of previous studies, it is possible to infer that the spiritual parts of mindfulness training substantially impact the mental health of people and society, particularly during a pandemic. Thus, spiritual mindfulness was utilized as an intervention in this study.

Individuals who practice spiritual mindfulness will be able to conduct their lives more collectedly, experience every circumstance they confront, avoid fear and anxiety over things that have not yet occurred, and be better prepared to handle failure as part of God's plan. Therefore, parents who were initially easily stuck in difficult parenting situations and lost their parenting purpose became more focused on seeking God's pleasure by adopting mindfulness based on Islamic theology. Parenting stress may be minimized by modifying perceptions of stressors and improving internal resources with spiritual mindfulness, allowing them to pick coping mechanisms more successfully. This study aimed to fill the knowledge gap on reducing parenting stress during the COVID-19 pandemic among Muslim mothers by conducting spiritual mindfulness training.

## Method

### *Research Design*

This study uses an embedded experimental model, a part of the mixed methods design, where qualitative data is used to clarify the experimental data results. The priority of these models is determined by quantitative, experimental methodologies, and qualitative data sets subject to those methodologies (Creswell & Clark, 2017). The experimental design used was the pretest-posttest control group experimental design (Hastjarjo, 2014). This study embedded qualitative data during the intervention phase as supporting data. Measurements were taken before and after the intervention. The pretest was given on the first day of training, while the posttest was given on the last day. Data from observation and worksheets carried out during the intervention process is used as supporting data. Table 1 shows the experimental design used in the study.

**Table 1**  
*The Pretest-Posttest Control Group Design*

| Random assignment | Groups                      | Pretest | Treatment | Posttest |
|-------------------|-----------------------------|---------|-----------|----------|
| R                 | The experimental group (EG) | 01      | (X)       | 02       |
| R                 | The control group (CG)      | 01      | (-)       | 02       |

Note: R: Random assignment; (X): Treatment; (-): No treatment

### ***Participants***

The study included 20 mothers who met the following criteria: (1) having school-age children (pre-school to high school); (2) being Muslim; (3) experiencing moderate to severe parenting stress; (4) living in the same house as children; and (5) willing to participate in a comprehensive series of spiritual mindfulness training as stated in the informed consent. The sample was divided into two groups of ten participants. Ten participants were in the experimental group, and ten were in the control group. Since this study was conducted during the COVID-19 pandemic's peak, recruiting a significant number of participants was challenging due to health concerns and worries about getting the virus. Many researchers conducted experimental studies with tiny sample sizes ranging from 5 to 20 people before and during the COVID-19 outbreak (Bachry & Annatagia, 2019; Ksiksou et al., 2022; Nasruddin & Hariyanto, 2022; Rodiyah & Adenia, 2022; Santoso & Rinaldi, 2022; Wahyuni et al., 2018).

### ***The Spiritual Mindfulness Training Module***

The spiritual mindfulness training module adapted phases of spiritual mindfulness treatment (Isgandarova, 2019) by replacing the terminology provided at each level with language more recognizable to Indonesian Muslims. Before being employed in this study, this adaption procedure was evaluated by experts, and a module trial was performed. The module validation procedure began with two instructors from the Faculty of Islamic Religion validating mindfulness principles and spiritual phases. After completing the verification procedure, a discussion was held to revise the modules. Furthermore, the prepared modules were tested on three persons to provide feedback on the technical execution of the course. The trial findings were utilized to revise the module until ready for use in research.

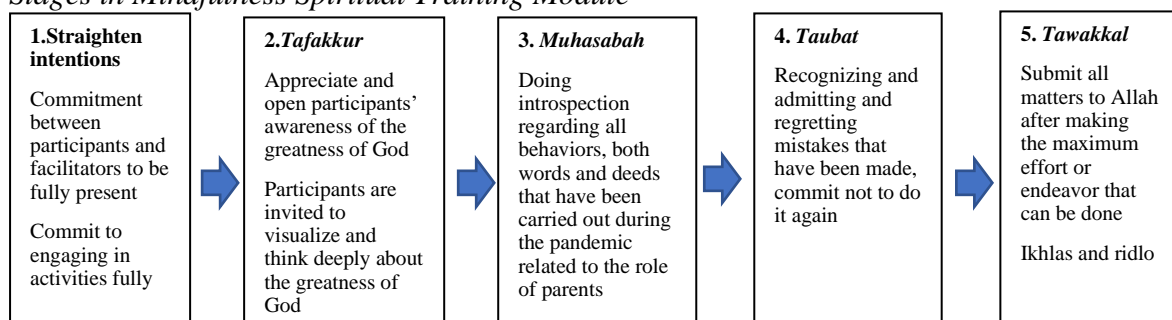
Due to the restriction in conducting direct meetings during the ongoing COVID-19 pandemic, spiritual mindfulness training was conducted online. The training lasted five days, each lasting around two hours. Multiple evidence bases defined this intervention's length. A previous study has demonstrated that the duration of the intervention, the time of daily practice, and the delivery method may all vary while still having a favorable influence on participant performance. For example, when low-dose mindfulness training was implemented, it was discovered that the amount of training time ranged from half a day in the form of workshops (Slutsky et al., 2019) to six weeks accompanied by 20 minutes of daily practice (Klatt et al., 2013). Another study used a two-week self-taught mindfulness training intervention in which participants were required to complete a three-minute breathing meditation twice daily in addition to more extended exercises (Hülshager et al., 2013). While a study used a four-week online mindfulness intervention in which participants were required to complete 20-30 minutes of daily practice (Querstret et al., 2018). Based on the results of a literature review regarding the implementation of online mindfulness, treatments lasting between one hour and one year were developed (Bégin et al., 2022). The most prevalent intervention durations were one month (26.4%), six weeks (15.1%), and eight weeks (13.2%). The exercise duration ranges from 30 seconds to 30 minutes or more. Then, 64.7% of the publications that determine exercise duration record workouts lasting 1-10 minutes.

**Table 2**  
*Stages in Spiritual Mindfulness Training Module*

| Stages of SM             | Goals   |
|--------------------------|---|
| Preparation and Opening  | <ul style="list-style-type: none"> <li>a. Building rapport and cultivating a friendly atmosphere between participants and facilitators so that commitment and expectations for the training emerge.</li> <li>b. Knowing the complaints and concerns felt by participants during the distance learning process</li> <li>c. Participants have an understanding and knowledge of spiritual mindfulness.</li> </ul> |
| 1. Straighten intentions | <ul style="list-style-type: none"> <li>a. Participants and facilitators commit to being actively and fully involved in the training process, finding a way out of the problem, and getting Allah SWT's blessing.</li> <li>b. Participants felt relaxed during the training process.</li> </ul>  |
| 2. Tafakkur              | <ul style="list-style-type: none"> <li>a. Participants can understand and practice meditation techniques</li> <li>b. Participants can live and realize the greatness of Allah SWT so that they believe that nothing will happen without His permission.</li> <li>c. Participants were able to be more grateful for all the provisions given by Allah SWT.</li> </ul>  |
| 3. Muhasabah             | <ul style="list-style-type: none"> <li>a. Participants can understand and practice <i>muhasabah</i> techniques</li> <li>b. Participants were able to do self-introspection on all their behavior as parents</li> </ul>  |
| 4. Taubat                | <ul style="list-style-type: none"> <li>a. Participants understand the agenda of activities to be carried out.</li> <li>b. Participants can understand and practice repentance techniques</li> <li>c. Participants can realize and truly commit to repenting and correcting their mistakes.</li> <li>d. Participants can design a plan to correct their mistakes and implement the plan.</li> </ul>              |
| 5. Tawakkal              | <ul style="list-style-type: none"> <li>a. Participants can remember and realize the value of their children's existence so that they appreciate their situation more.</li> <li>b. Participants can achieve sincerity and <i>ridho</i> of all the provisions of Allah SWT.</li> </ul>  |
| Closing and evaluation   | Participants get positive benefits from the training that has been done and can practice it in everyday life.   |

Table 2 explains the objectives of each stage of the training. The researchers adopted an intervention model that included half-day online mindfulness training for up to six weeks, which was compacted into a five-day program with two hours of face-to-face and daily assignments. The number of face-to-face sessions and daily practice in this study followed the evidence base and the participants' desire to devote time to this training. Participants were given homework in the form of practicing the skills that they had learned and also completed worksheets to track their progress. Two hours of tasks, including group discussion activities via the WhatsApp group, worksheet completion, and independent mindfulness practice, spread out over three days, with participants may share their problems and receive solutions. Independent practice was carried out regularly according to the free time available to each participant, making it ideal for women with hectic parental responsibilities.

**Figure 1**  
*Stages in Mindfulness Spiritual Training Module*





The stages of spiritual mindfulness training and its explanation are presented in [Figure 1](#). Each stage has different goals. The first stage focused on building participants' commitment. While the following stages were spiritual mindfulness training.

### ***Instrument***

The Parental Stress Scale consists of 18 items divided into four categories: parental appreciation, parental stresses, loss of control, and parental satisfaction, which has been converted into Indonesian culture and language ([Berry & Jones, 1995](#)). The parental stress scale scores were classified as follows: very low, ranging from 18-32.4; low, ranging from 32.4-46.8; medium, ranging from 46.8-61.2; high, ranging from 61.2-75.6; and very high, ranging from 75.6-90. All the questions on this scale are favorable, with five answer options ranging from strongly agree to strongly disagree. The validity test employs Aiken's with six ratings, yielding a validity coefficient value of .833. Cronbach's Alpha reliability values yield a reliability coefficient of .788, indicating that the scale is reliable.

### ***Data Analysis***

Hypothesis testing was performed in both groups by analyzing the difference between pretest and posttest scores. The Wilcoxon signed-rank test was used to analyze score changes at each measurement stage. Mann-Whitney U test assessed differences in parental stress levels between the experimental and control groups. All data analysis was conducted using SPSS for MS Office version 23.0. Data analysis was also done qualitatively, utilizing the findings of observations made during training and data from the assignment and assessment sheets.

### **Results**

This study aimed to reduce parental stress through spiritual mindfulness training during the COVID-19 epidemic. Data on parenting stress was collected in two stages: before and after administering spiritual mindfulness training. [Table 3](#) displays the results of the difference between each group's pretest and posttest scores. The Wilcoxon test revealed no significant difference ( $p = .260$ ) between the pretest and posttest scores in the control group (CG). On the contrary, there is a significant difference in parental stress levels between the pretest and posttest in the experimental group (EG) ( $p = .012$ ). These results indicate a lower level of parental stress among participants in the experiment group after participating in spiritual mindfulness training.

**Table 3**

*Wilcoxon Non-Parametric Statistical Test*

| Group | Stage              | Z                   | p     |
|-------|--------------------|---------------------|-------|
| CG    | Pretest - Posttest | -1.126 <sup>b</sup> | .260  |
| EG    | Pretest - Posttest | -2.499 <sup>b</sup> | .012* |

Note: a. Grouping Variable: Treatment Group

b. Not corrected for ties

c. \*\*\*  $p < .001$ ; \*\*  $p < .01$ ; \*  $p < .05$

[Table 4](#) shows the differences in test results between EG and CG. The Mann-Whitney U test shows no difference in pretest scores between CG and EG ( $p = .253$ ). However, the difference in posttest scores between CG and EG was significant ( $p = .002$ ). These results indicate that mothers in the experimental group experienced a significantly greater reduction in parenting stress scores than those in the control group.

**Table 4**  
*Mann-Whitney U Test*

|                                | Pretest           | Posttest            |
|--------------------------------|-------------------|---------------------|
| Mann-Whitney U                 | 35.000            | 9.000               |
| Wilcoxon W                     | 90.000            | 64.000              |
| Z                              | -1.144            | -3.107              |
| Asymp. Sig. (2-tailed)         | .253              | .002**              |
| Exact Sig. [2*(1-tailed Sig.)] | .280 <sup>b</sup> | .001** <sup>b</sup> |

Note: a. Grouping Variable: Treatment Group

b. Not corrected for ties.

c. \*\*\*  $p < .001$ ; \*\*  $p < .01$ ; \*  $p < .05$

Table 5 shows all participants in the control group remain in the same category, which is moderate, even though there were changes in the score between the pretest and posttest. In comparison, most participants in the experiment group were in a low category after training.

**Table 5**  
*The Score All Respondents*

| Group      | Name (Initial)   | Pretest | Category | Posttest         | Category |
|------------|------------------|---------|----------|------------------|----------|
| Control    | HF               | 57      | Moderate | 52               | Moderate |
|            | KIP              | 50      | Moderate | 49               | Moderate |
|            | MC               | 49      | Moderate | 58               | Moderate |
|            | PLB              | 48      | Moderate | 47               | Moderate |
|            | LR               | 50      | Moderate | 46               | Moderate |
|            | NKA              | 51      | Moderate | 52               | Moderate |
|            | Y                | 61      | Moderate | 63               | Moderate |
|            | A                | 50      | Moderate | 47               | Moderate |
|            | NYG              | 48      | Moderate | 46               | Moderate |
|            | RW               | 51      | Moderate | 48               | Moderate |
|            | <i>Mean 51,5</i> |         |          | <i>Mean 50,8</i> |          |
| Experiment | D                | 50      | Moderate | 36               | Low      |
|            | BU               | 51      | Moderate | 33               | Low      |
|            | EDS              | 52      | Moderate | 46               | Low      |
|            | AM               | 47      | Moderate | 36               | Low      |
|            | FKD              | 46      | Moderate | 42               | Low      |
|            | AC               | 61      | Moderate | 39               | Low      |
|            | AW               | 46      | Moderate | 34               | Low      |
|            | EW               | 48      | Moderate | 44               | Low      |
|            | S                | 49      | Moderate | 41               | Low      |
|            | ES               | 49      | Moderate | 54               | Moderate |
|            | <i>Mean 49,9</i> |         |          | <i>Mean 40,5</i> |          |

## Discussion

The results of this study show spiritual mindfulness training reduces parenting stress experienced by Muslim mothers during the COVID-19 pandemic. This study strengthens the results of previous studies that have developed spiritual mindfulness interventions to overcome various psychological problems and have been proven to be effective in medication adherence in schizophrenia patients (Ardinata et al., 2021; Dwidiyanti et al., 2020), cases of depression (Asiah et al., 2019; Dwidiyanti et al., 2021), optimism and equanimity (Fahmi, 2018), anxiety (Gul & Jahangir, 2019) and emotion regulation (Anggraeni, 2021). Furthermore, this study reinforces the effectiveness of previous applications of spiritual mindfulness in dealing with stress in a variety of contexts, including pregnant women (Aslami et al., 2017), stress among prison residents (Fahmi et al., 2019), stress due to burnout among nursing students (Munif et al., 2019), and stress on family members of schizophrenic patients

(Dwidiyanti et al., 2020). Other elements, such as individual spirituality (Rathakrishnan et al., 2022) and compassion as a requirement for having a healthy attitude (Weber, 2021), modify the significance of spiritual awareness on mental health. Outside of the spiritual mindfulness component, additional factors such as the mother's personality, behavioral difficulties in children, and husband and family support are extremely likely to impact the reduction in parenting stress (Fang et al., 2022).

This study's results show spiritual mindfulness training has been shown to reduce parenting stress. These findings are consistent with previous study findings indicating the effects of mindfulness sessions on parents might endure for up to two weeks following the intervention (Romadhani & Hadjam, 2019). Furthermore, Islamic spiritual mindfulness training can promote peace of mind for up to two weeks following the intervention (Fahmi, 2018). Peace of mind is another sign directly tied to a person's degree of stress.

Individuals with a calm mind and a stress-free body will be better equipped to handle stress regularly. Through mindfulness practices, the mother's role in parenting is getting better. Non-judgmental, moment-to-moment awareness can help parents be more mindful in interactions with their children regarding both (non-verbal) communication and emotional availability (Boekhorst et al., 2021).

Participants in the meditation (*tafakkur*) session were encouraged to ponder more about the indications of God's magnificence to increase and practice thankfulness for all the gifts received. The appreciation exercise makes people aware of their various blessings and gifts (Romadhani & Hadjam, 2019; Taufik & Ibrahim, 2019). Practicing thankfulness can reduce negative impact, improve good emotional effects, boost life satisfaction, decrease anxiety, and promote positive life actions (Wood et al., 2010). *Tafakkur* sessions help people become more appreciative of God's decrees to lessen anxiety about things that have not happened, such as while raising children. Participants in the training indicated that the *tafakkur* session helped them become more aware of and appreciative of previously overlooked joys such as having a healthy and active child, being able to gather with family, and breathing freely.

During the *muhasabah* session, participants were encouraged to reflect on all of life's ups and downs and the challenges they had faced. Participants received encouragement for their achievement in overcoming adversity at this stage. God's support in every obstacle cannot be separated from the achievement of conquering these problems. Similarly, God's assistance is always available during this pandemic. A self-reflection session allows people to perceive their experiences more clearly, making them more conscious of the stress that affects them. This finding is in line with the results of research which explain that after doing meditation or self-reflection, participants feel more worthwhile and deserve to be happy, more aware of themselves and what they had done until this time, could see and recognize their self-image they knew and understand themselves very much, realized their self-imperfections, realized their strengths and weaknesses, and realized their condition right then (Primasari & Yuniarti, 2021). In the *muraqaba* process, the presence of hope in God can generate a sense of tranquility, focus attention, and face challenging situations with good thoughts and feelings (Parrot, 2017).

Repentance (*taubat*) is the subjects' most unforgettable and moving training session. Most participants in this session could express and channel their emotions by sharing traumatic life experiences. Participants also discussed how they had forgiven themselves and those who had mistreated them. The repentance session makes the person more conscious of all the faults they have committed, both by himself and by others, as part of God's decree; therefore, they must be honest and seek forgiveness from Him. Participants felt more tranquil and sincere with God's offerings after forgiving and asking for forgiveness from Him. Individuals who can forgive themselves and others experience less stress than those who cannot (Kemper et al., 2015; Taufik et al., 2022).

Participants were asked to surrender to God as a last level in spiritual mindfulness training, enhancing the succession of phases. The primary goal of this session was to aid the



subject in creating a sincere attitude and experiencing joy in all of God's offerings as they feel it is the right option. Parents are frequently caught in severe sorrow because they believe they have failed to raise their children, causing them to overreact to their children and even reprimand or conduct violence. The *tawakkal* approach teaches them that everything that happens has become God's power and that humans have no control over His destiny, including their children's future. Parents are encouraged to be more resigned to themselves and accept God's providence after doing their best. The *tawakkal* method also trains parents to be more aware of their constraints in providing child care so that they do not demand more than they can afford. Through *tawakkal*, parents learn to be kind to themselves by not blaming themselves or their surroundings for their issues and believing that this is God's mandate that must be followed (Kemper et al., 2015). Kindness to oneself is vital for establishing emotional resilience and psychological well-being. Acceptance allows a person to be objective and adaptable by allowing him to defend himself or reject the facts (Germer et al., 2005).

In general, spiritual awareness serves as an activity that engages God as God Almighty in every process (remembering God) to assist persons in consciously understanding the conditions or situations they are confronted with as occurrences created by God (Asiah et al., 2019). The overall objectives of the spiritual mindfulness training have been met, according to the findings of the evaluations provided by the participants. Participants stated that after practicing all of the spiritual mindfulness training approaches, they felt calmer, relaxed, and patient in dealing with challenges and better able to regulate their emotions since they surrendered to God. In terms of parenting, when their child's behavior does not meet their expectations, parents find it easier to suppress their emotions, especially when participating in online learning during the pandemic.

This study has some limitations. First, the research was conducted during the COVID-19 pandemic's peak, making it challenging to recruit consenting individuals. Second, observing participant behavior during the training process is challenging because the training was conducted online. Difficulties in observing participants also happened when one of the participants suffered signal interference, making it impossible to switch on the video in some sessions. Moreover, participants unfamiliar with the Zoom meeting media became less participated. Third, several factors of parenting stress were not controlled by the researchers and may have biased the results of this study, including internal factors of the mother, such as personality and level of depression experienced, child factors, such as whether there are child behavior problems, both external and internal behavior, and external factors, such as support from husband or support from family.

## Conclusion

Based on the study's findings, spiritual mindfulness training reduces parental stress among Muslim mothers during the COVID-19 epidemic. This study's results also imply that spiritual awareness may be employed as an alternate coping approach for parents to reduce parental stress, especially during the COVID-19 pandemic. The spiritual advantages of mindfulness might persist longer if practiced consistently as part of one's daily routine. By practicing the phases of spiritual mindfulness training regularly, the mother becomes aware of the challenging conditions she experiences in parenting, accepts the situation, and moves through it gently. Therefore, spiritual mindfulness training must be practiced daily to reduce parental stress.

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terms that are more familiar to Muslims in Indonesia. Thank you to all participants from various regions in Indonesia who have participated fully and actively in this training so that the research went smoothly.

### Declarations

**Author contribution.** Each author makes an optimal contribution in the form of 1) determining the main research concept (WSH & CTL); 2) literature review and training evidence base (LR & SS); 3) implementation of training and data collection (DAK).

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