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by Asroful Kadafi Et Al

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The Impact of Islamic Counseling Intervention towards Students' Mindfulness and Anxiety during the COVID-19 Pandemic

Asroful Kadafi^{1*},  Alfaiz Alfaiz², M. Ramli³, Dahlia Novarianing Asri¹, Juwita Finayanti¹

Universitas PGRI Madiun, Indonesia¹

Sekolah Tinggi Keguruan dan Ilmu Pendidikan PGRI Sumatera Barat, Indonesia²

Universitas Negeri Malang, Indonesia³

 asrofulkadafi@unipma.ac.id^{1*}

Abstract

The pandemic caused by the Corona Virus Disease (COVID-19) has had psychological and health impacts on people's lives around the world. On a psychological aspect, this pandemic has caused anxiety due to low mindfulness. To increase the potential of mindfulness, one of the ways taken is by counselor psychological intervention. The authors used an Islamic counseling approach to reduce anxiety and increase mindfulness. Therefore, the research was conducted using a quasi-experimental design with non-equivalent control group design. Participants in this study were 14 students consisting of 7 students for each experimental and control group. Participants were invited after filling self-report the anxiety scale facing COVID-19 and indicated that they were in the high category. The data analyzed with the Wilcoxon sign rank test to determine the impact of before and after the intervention was given, then used the Mann Whitney to find out the mean differences between the experimental and control group, and the Rank Spearman to determine the correlation between mindfulness and anxiety. The results showed that Islamic counseling intervention is effective to increase mindfulness which impacted on reducing anxiety in facing the COVID-19 pandemic. Besides, the results of correlation analysis using the Rank Spearman show that there is a correlation between mindfulness and anxiety.

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INTRODUCTION

COVID-19, also known as the Novel Corona Virus (NCov-19), is one of the deadliest viruses and has become a pandemic in 204 countries around the world. This virus began to spread at the end of December, and As of April 3, 2020, The number of patients confirmed positive for COVID-19 worldwide is 1,018,845 cases and in Indonesia, there are 1,790 peoples (Kompas, 2020). This incident can certainly cause anxiety in individuals. The results of Fitria & Ifdil's research (2020) show that the level of anxiety that occurs in adolescents during the Covid-19 pandemic is in the high category. Anxiety is identic with an uncertain situation that can cause a person to be very afraid and very worried (unnatural behavior) (Maba, 2017). Lee (2020) explains that individuals experience anxiety characterized by irrational thinking, behaving compulsively, emotionally, and experiencing physiological disturbances. This anxiety also occurs in individuals in Magetan Regency, East Java Province. Anxiety more increased when the local government announced that the area was

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included in the red zone category after its citizens stated positively for that virus (Okezone, 2020). Anxiety disorders are generalized persistent disorders, characterized by concerns that are related or unrelated to certain events and can have adverse consequences in certain situations. Anxiety disorders also often occur in individuals who previously have a history or experience anxiety (Tyrer & Baldwin, 2006). Anxiety also occurs due to the low quality of mindfulness in individuals (Hofmann, Sawyer, Witt, & Oh, 2010; Munazilah & Hasanat, 2018).

Mindfulness which is an attribute of awareness has long been believed to improve someone's psychological well-being (Brown & Ryan, 2003). Mindfulness interventions aim to foster greater attention and awareness of current experiences (Creswell, 2017). These two opinions show that mindfulness can contribute to the anxiety experienced by individuals. Davis, Strasburger, & Brown (2007) in their study showed that mindfulness interventions can help reduce anxiety in schizophrenia. Goodman et al. (2014) provide intervention Coping with Anxiety through Living Mindfully (CALM) from the result of adaptation Mindfulness-based cognitive therapy (MBCT) to reduce anxiety in women who are about to give birth. The results showed that the intervention given was proven effective in reducing anxiety levels in women who were about to give birth. Cotton et al. (2016) show that mindfulness-based cognitive therapy for children (MBCT-C) is effective in reducing anxiety in adolescents who are at risk of bipolar disorder. Interventions to reduce anxiety during the COVID-19 pandemic that has been carried out by Belen (2020), show mindfulness at a higher level of awareness, contributing to decreased levels of anxiety and depression in the face of the COVID-19 pandemic. The main concept of some of these interventions is to build internal awareness of the individual so that they can be better prepared to face a reality that has an impact on individual welfare. However, from some of these studies, no one has included religious variables in their research. This is the focus of this research.

Research by Hofmann, Sawyer, Witt, & Oh (2010) and Munazilah & Hasanat (2018) uses a mindfulness program to reduce anxiety. The focus of their research is to increase cognitive awareness of mindfulness which can have an impact on individual readiness and ability to handle the anxiety experienced. This concept is the same as the concept of a Muslim or Islam. Muslims believe that their condition will be better if they do the efforts to change it. Every muslim is obliged to strive to change or improve from something bad to good. In this case, as a devout Muslim can realize that the COVID-19 outbreak is a trial for his people (Sutoyo, 2009). For this reason, anxiety is not a way to deal with the outbreak of COVID-19 however, as Muslims consciously (have good mindfulness) they can accept reality and increase their faith. Because the quality of a person's faith can affect the behavior of a servant (Sutoyo, 2009).

Rationale of the Current Study

In curret study, authors integrate religious concepts in an Islamic counseling service to build individual mindfulness so that individuals can be better prepared to face challenges from the God. This concept refers to the results of research by Fourianalistyawati (2017), in her research, she explains spiritual well-being can be obtained by doing dzikir as an Islamic therapy process which correlates with the level of individual mindfulness. This research is important to reduce the level of anxiety in research participants. This study provides intervention with Islamic-based individual counseling which is expected to have an impact on increasing mindfulness and decreasing individual anxiety. Kearns, Ressler, Zatzick, & Rothbaum (2012) state that intervention for anxiety sufferers is better done immediately to prevent more severe anxiety. Efforts to reduce client anxiety are not only a curative effort but also a preventive effort.

Objectives

The first objective of this study is to examine the effectiveness of Islamic-based individual counseling in increasing mindfulness and reducing individual anxiety during the Covid-19 pandemic. Second, to know the correlation between mindfulness levels and anxiety levels.

METHODS

Research Design

This research was conducted in Magetan sub-district, Magetan district, East Java. This research design used a quasi-experimentall design with an experimental model of non-equivalent control group design. This design was chosen because sampling was not possible to do randomly, and there were considerations of respondent characteristics that had to be fulfilled, namely the high priority level of anxiety from the respondent (Sugiyono, 2015). The experimental group will be treated with individual format Islamic counseling and the control group will be treated with individual counseling by providing information and advice techniques as described in the section on the intervention procedure. The next step is to examine the differences between the two groups to determine the effectiveness of the treatment (Sugiyono, 2015; Wiyono, 2007). To anticipate the threat of internal validity, researchers used the same instrument for the pre-test and post-test both the control group and the experimental group. And to anticipate the threat of external validity, researchers limit the characteristics of the participants (Creswell, 2013).

Participants

Participants in this study were 14 participants consisting of 7 individuals for the experimental group and 7 individuals for the control group with high anxiety criteria in facing the COVID-19 pandemic. Participants with an average age of 16 to 18 years are currently attending Senior High School (SMA). Participants live in Magetan District and come from several different schools in the Magetan Regency area. Samples were taken by purposive sampling technique, this technique was selected to obtain samples according to the needs of the researcher or according to predetermined criteria (Sugiyono, 2015). The characteristics of the participants have characteristics such as repetitive thinking, worry, dreams, chaotic planning, withdrawal, compulsive behavior, fear, anxiety, anger, sleep disturbances, somatic pressure, tonic immobility (Lee, 2020).

Instruments

The data collection to determine the level of mindfulness of participants, researchers used the Face Facet Mindfulness Questionnaire (FFMQ) short form developed by Baer et al., (2008) and an adaptation process has been carried out. The FFMQ consists of 5 aspects to be measured, namely 1. Observing; 2. Describing, 3. Acting with awareness, 4. Non judging of inner experience, and 5. Nonreactivity to inner experience (Baer et al., 2008). The questionnaire consists of 24 items and uses a scale of 5. To find out the level of anxiety of participants, the researcher uses the Coronavirus anxiety scale developed from Lee's opinion (2020). The dimensions of this scale consist of: cognitive (repeated thinking; worry; processing bias; dreaming; planning), behavior (dysfunctional activities; avoidance; compulsive behavior), emotional (fear; anxiety; anger), and physiological (sleep disturbances; somatic pressure; tonic immobility) (Lee, 2020). The instrument consists of statement items using a scale of 5 to reflect the frequency of symptoms, ranging from 0 (not at all) to 4 (almost daily) for the two weeks preceding the measurement of 25 statement items.

The results of the anxiety scale validity test for 69 participants showed the lowest score of .488 and the highest score of .945 and r-table in the 1% significance level of .306. The

results of the anxiety scale validity test show that all of the 25 items are declared valid because the results of the calculation show that the results of the r-count are greater than the r-table. The reliability result is .943, which means that the instrument is declared reliable. The results of the mindfulness scale validity test to 69 participants showed the lowest r-count value of .595 and the highest r-count value of .991 and r-table in the 1% significance level of .306. The results of the anxiety scale validity test show that all of the 24 items are declared valid because the calculation results show that the r-count is greater than the r-table. The reliability result is .987 which means that the instrument is declared reliable.

Intervention Procedures

The procedures for implementing the individual format Islamic counseling process to increase mindfulness and reduce anxiety levels was adopted from the stages of the tazkiyatun nafs (self-purification) counseling process as a result of the research of Alfaiz et al. (2019), namely: the first stage of takhalli, namely the process of assistance to help counsees realize or acknowledge mistakes or sins that have been committed so far that have an impact on the emergence of current anxiety. The second stage, namely tahalli, is a stage of cultivating values, behavior, and ways of positive thinking (Alfaiz et al., 2019), which aims to make the counselee able to behave, behave, and always have positive thoughts in everyday life. And the third/final stage, namely tajalli, this stage is a stage to align the counselee with the reality of the world that is different from the counselee's condition after repenting for the mistakes they have made.

Islamic counseling intervention with individual formats in this study was carried out 3 times for each counselee with a duration of 40 minutes for each session/meeting for both the group control and experimental. The provision of Islamic counseling services with an individual format for the experimental group adapted from Alfaiz et al. (2019) is carried out by facilitating individuals to increase mindfulness and reduce counselee anxiety in the face of the COVID-19 pandemic. In the implementation of the service, the counselee is allowed to realize the problems they are facing. In the second step, the counselee is simultaneously invited to realize his existence as a creature created by Allah SWT. The next step is to facilitate individuals to be able to explore their potential to return to being a kafah person according to the guidance of RasulAllah SAW (Sutoyo, 2009, 2012).while for the control group, the intervention was carried out by individual counseling by providing information related to COVID-19 and advice techniques (Prayitno, 2017).

Data analysis

The first data analysis used descriptive statistics to determine the magnitude of the difference in the percentage between the results before and after the test was carried out, as well as knowing the difference in the percentage between the control group and the experimental group. And research hypothesis analysis to test the effectiveness of Islamic counseling treatment, the researcher used the Wilcoxon signed-rank test analysis to determine differences in mindfulness and individual anxiety levels before treatment and after treatment and the Mann Whitney test to see differences in mindfulness results and anxiety levels between the experimental group with the group control. Meanwhile, to determine the correlation between the level of mindfulness and anxiety, the researchers analyzed the Spearman rank correlation test. The three analysis tests were determined by the researcher based on the unfulfilled research assumptions and provisions in the parametric statistics. So the researchers set a non-parametric test to determine the effectiveness of individual format Islamic counseling interventions and the correlation between levels of mindfulness and levels of anxiety.

Table 1. Participants Demographic Information in Experiment Group and Control Group

Participants	Experiment Group			Control Group		
	Age	Gender	anxiety level	Age	Gender	anxiety level
1	17	Male	76	17	Male	78
2	17	Female	84	17	Female	82
3	17	Female	80	18	Male	78
4	16	Female	79	17	Female	80
5	18	Male	76	16	Male	79
6	17	Female	74	18	Female	80
7	18	Female	79	17	Female	80

Table 2. Descriptive analysis of the pre-test and post-test mindfulness and anxiety level of the experimental group

Research variable	N	Mean	SD	Minimum	Maximum
Mindfulness Experimental Group Pre-test	7	69.43	1.813	67	72
Mindfulness Experimental Group Post-test	7	99.57	.535	99	100
Experiment Group Anxiety Pre-test	7	78.29	3.302	74	84
Experiment Group Anxiety Post-test	7	48.00	2.000	44	50

RESULTS AND DISCUSSION

Results

The results of the first study obtained information, about the demographics of the participants. In this respondent's description, the information obtained is age, sex, and anxiety level before being given the treatment, both for the experimental group and the control group. Detailed information is presented in [table 1](#).

[Table 1](#) shows the demographic information of the research participants. In this study, researchers used 2 research groups, namely the experimental group and the control group. These two groups each consisted of 7 participants. The age of participants in the experimental group was 1 respondent 16 years old, 4 participants, 17 years old, and 2 participants 18 years old. The age of the participants in the control group is known: 16 years old 1 respondent, 17 years old 4 participants, and 18 years old 2 participants. In the experimental group, there were 2 male participants and 5 female participants. For the control group, 3 participants were male and 4 participants were female. The latest information from this demographics table is related to the level of anxiety of the participants, in the experimental group the average anxiety level was 78.29 and the anxiety level in the control group was 79.6. This average level of anxiety shows the high level of anxiety of the participants in both groups. Furthermore, data analysis to determine the differences in mindfulness and anxiety levels of participants before and after being given Islamic counseling (experimental group) descriptively is presented in [table 2](#).

[Table 2](#) shows if N or participants in each group amounted to 7 participants. The mean or average value of mindfulness before treatment with Islamic counseling was 69.43 and the average value after treatment that occurred in the experimental group was 99.57. The standard deviation before treatment was 1.813 and after treatment was .535. If seen from the results of this descriptive analysis, it is known that there is a difference in the mindfulness of participants between before and after treatment or an increase of 30.14. And for the average value of the level of anxiety before the treatment with Islamic counseling was 78.29 and the average value of the level of anxiety after treatment that occurred in the experimental group was 48. The standard deviation of anxiety level before treatment was 3.302 and after treatment was 2. If seen from the results of this descriptive analysis, it is known that there is a difference between before and after treatment, or there is a decrease in anxiety levels by 30.29. By analyzing the difference in the mean score of the pre-test and post-test results in the experimental group, it is known that treatment through Islamic counseling can reduce individual anxiety in the face of the Covid-19 pandemic. While the results of the analysis of

Table 3. Results of Mindfulness and Anxiety Analysis through the Wilcoxon Signed Rank Test of the Experimental Group

Research variable	Z	p
Mindfulness	-2.375	.018
Anxiety	-2.384	.017

Table 4. Results of Mindfulness and Anxiety Analysis through the Mann Whitney Test of anxiety

Research variable	Z	p
Mindfulness	-3.198	.001
Anxiety	-3.162	.002

Table 5. Results of the Correlation Analysis of Mindfulness with Anxiety through the Rank Spearman Test in the Control Group (N = 14)

Group	r	p
Control	.382	.178
Experiment	-.795**	.001

the hypothesis on the effectiveness of Islamic counseling services are seen from the values before treatment and after treatment through the Wilcoxon signed-rank test, the results are summarized in the following table.

Table 3 shows the z-score mindfulness of the participants is -2.375 and a significance value of .018 and the z-score of the participants' anxiety level of -2.384 and a significance value of .017. This result shows that the mindfulness signification value of .018 and the anxiety level of .017 is smaller than the critical research limit of .05, which means that there is a difference in the mindfulness and anxiety level of the participants between before treatment through Islamic counseling and after receiving treatment through Islamic counseling. To find out the results of different tests between the experimental group and the control group will be presented in the table below.

Table 4 shows the z-score mindfulness of the participants of -3.198 and a significance value of .001 and the z-score of the participants' anxiety level of -3.162 and a significance value of .002. These results show that the mindfulness signification value of .001 and the level of anxiety of .002 are smaller than the critical limit of the study of .05, which means that there is a difference in the mindfulness and anxiety levels of participants between the experimental group treated with Islamic counseling and the control group that was not treated. Based on these results, it shows that the treatment of participants through the provision of Islamic counseling interventions is effective in increasing the mindfulness of participants ($Z = -3.198$; $p < .05$) which has an impact on decreasing the level of individual anxiety ($Z = -3.162$; $p < .05$).

Table 5 is the result of the Rank Spearman test in the control group which shows a correlation coefficient of .382, which indicates the level of correlation between mindfulness variables and anxiety sufficient. The correlation coefficient is positive, which means that the relationship between the two variables is unidirectional. The next result is the significance or sig value. (2-tailed) equal to .178 > of .05 or .01 which means that mindfulness and anxiety do not have a significant relationship.

The results of the Rank Spearman test in table 6 conducted on the experimental group can be explained by the correlation coefficient of -.795, which indicates that the level of correlation between mindfulness variables and anxiety is very strong. The asterisk (**) indicates that the correlation is significant at a significance level of .01. The correlation coefficient is negative, which means that the relationship between the two variables is not unidirectional. This relationship shows that an increase in mindfulness affects decreasing

anxiety levels. The next result is the significance or sig value. (2-tailed) equal to $.001 < \text{of } .05$ or $.01$, which means that mindfulness and anxiety have a significant relationship.

Discussion

The results of the study in the experimental group showed that there was a relationship or correlation between increased mindfulness and decreased anxiety levels of the counselee/research respondent in the experimental group. And the control group shows that if there is no significant correlation, there is no change due to the level of mindfulness after being given individual counseling interventions with advice techniques that do not impact or reduce the level of anxiety of participants in the control group. These results reinforce the findings of Hofmann, Sawyer, Witt, & Oh, (2010) & the research of Munazilah & Hasanat's (2018) which shows that the quality of mindfulness affects the anxiety that occurs in each individual. Research by Hofmann, Sawyer, Witt, & Oh, (2010) and Munazilah & Hasanat (2018) focuses on increasing cognitive awareness of mindfulness which can have an impact on individual readiness and ability to handle the anxiety experienced.

The anxiety experienced by participants or clients in this study is more synonymous with social anxiety. Social anxiety is an anxiety disorder, which is related to social that responses cognitive and affective characterized by feelings of fear, inhibition, shame, humiliation, avoiding interactions with other people, and negative evaluations from others (Farihah & Rachman, 2017). Social anxiety and social anxiety disorder are influenced by (a) an information processing perspective, including attention bias, can interpretation, implicit association, imagery, and visual memory, and (b) the perspective of emotion regulation, including positive emotions and anger (Morrison & Heimberg, 2013). Major anxiety disorders such as generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, post-traumatic stress disorder, simple phobias, and social anxiety disorder. Epidemiological and clinical surveys have shown that anxiety disorders are one of the most common, tiring, and expensive psychiatric disorders. This disorder is characterized by a history of chronic and persistent disease, often comorbidity with other disorders such as depressive disorders, substance abuse, and interpersonal morbidity (Miyazaki, Benson Martin, Stein, & Hollander, 2016). The factors that cause anxiety are factors: biological, psychoanalytic, personality, behavior, learning, cognitive, and humanistic (Mu'arifah, 2005). It should also be noted that social anxiety can also affect individual decisions in seeking help such as a counseling (Maba & Saputra, 2019).

Based on the factors causing anxiety, many studies have tried to reduce anxiety levels. Koszycki, Raab, Aldosary, & Bradwejn (2010) proves that Cognitive Behavior Therapy is effective in reducing symptoms of depression (caused by anxiety). Cavanagh et al. (2013) also confirmed in their research that the concept of mindfulness-based therapy can also reduce symptoms of anxiety. MacLeod & Clarke's (2015) research has also shown that anxiety can be lowered through attention bias modification. Furthermore, appropriate and effective cognitive-emotional training helps clients with psychological problems (Iacoviello et al., 2014). Dadds, Spence, Holland, Barrett, & Laurens (1997) in their research for anxiety prevention demonstrated the effectiveness of family-based cognitive-behavioral group interventions. This study is to prevent anxiety problems in children, the results show that there is a cognitive improvement in the client which has an impact on increasing the client's mindfulness (Dadds, Spence, Holland, Barrett, & Laurens, 1997). King et al (2013) after making improvements from cognitive therapy to overcome anxiety, in their research showed that mindfulness-based cognitive therapy (MBCT) showed substantial effectiveness in preventing the recurrence of depression caused by anxiety. Some of these studies show that to reduce anxiety, most researchers use a therapy that focuses on cognitive aspects.

From these findings, trying to make improvements, in addition to emphasizing cognitive aspects to improve mindfulness, also integrating the value of religion in the therapy process. This basis is the importance of instilling religious values in individuals. Religion is a necessity of human life that cannot be bargained even though it can be postponed for a while but to avoid it is impossible. The need for religion as an absolute need is needed and is a psychological or psychiatric need that naturally exists in human nature which requires security, affection, appreciation, freedom, strength, control, and a sense of accomplishment. Adolescents who are said to be humans who have psychological conflicts that are very vulnerable, personality confusion, mentally unstable, easily swayed, desperately need religious guidance. Because with Islamic Morals, through the religion coaching adolescents in all their dimensions which include coaching beliefs that refer to tauhid faith, moral coaching, in all directions including morals to Allah, morals to fellow humans and morals to the natural environment, then human life will be in spaciousness (Al-Bugis, 2018). People who behave religiously are explained Hamali (2001) that they are not arrogant, a person is sincere, another indicator of religious behavior is patience, and it is more urgent to repent to God.

William James, a philosopher, and psychologist from the United States, expressed the importance of religious therapy or faith, he said that there is no doubt that the best therapy for health is faith in God because truly religious individuals will always be ready to face the trials that will occur. Meanwhile, Carl Gustav Jung, stated that psychic disorders originate from religious problems. Based on these two opinions, Mubasyaroh (2017) developed Islamic psychotherapy, which consists of 3 core methods, namely hand touch, oral use, and an invitation to the heart. Syukur (2012) in his research also managed to reveal that Sufi healing is a form of alternative therapy that is carried out by taking the tasawuf values as a means of treatment or prevention. This model has been known in society since Islam and tasawuf itself developed. Scientific references to the working system of medicine or healing in this way are found in various theories of transpersonal psychology, where consciousness is a focus of research. Medically, it is also known as psycho-neuron-endocrine-immunology, in which the conclusion states that there is a connection between mind and body in health matters for everyone. In other words, thoughts affect health (Syukur, 2012).

Menurut Farihah & Rachman (2017) more specifically, their research showed that Islamic-based Cognitive behavior therapy was effective in helping inmates' social anxiety problems. Islamic-based CBT is one of the counseling approach that integrates Islamic values such as gratitude. And the characteristic of Islamic-based CBT lies in the use of interventions adapted to the counselee's religious tradition as a basis for identifying and changing thoughts and behavior (Farihah & Rachman, 2017). In addition to therapy using a counseling approach, instilling Islamic values can also be through amedia. Faradisi (2012) in his research showed that giving mural therapy was effective in reducing the patient's anxiety level. The use of media may have a relaxing effect on counselees which can reduce anxiety levels (Arizona, Nurlela, & Jannati, 2019). The results of the research findings that have been discussed show that if therapy integrates spiritual values it is important to do, especially in overcoming crisis problems such as traumatics which may also be caused by anxiety (Indri M., 2018).

The results of this study further reinforce the results of previous research that have integrated Islamic values in providing assistance or counseling services to help counselees solve problems independently (Alfaiz et al., 2019; Kadafi, 2016; Kadafi, Pratama, Suharni, & Mahmudi, 2020; Kadafi, Ramatus, & Desy, 2018, 2019; Kadafi & Ramli, 2017). The researcher needs to convey the procedure for implementing the Islamic counseling process in reducing anxiety levels, through the stages adopted from the counseling process of tazkiyatun an nafs (self-purification) research results from Alfaiz et al. (2019), namely: the first stage is takhalli namely the process of assistance to help the counselee realize or confessing mistakes or sins that have been committed so far that have an impact on the emergence of current

anxiety, the success at this stage is marked by the presence of calm in the counselee's heart. This first stage is the main stage for building a concept of mindfulness in the counselee who focuses on the current situation, that is facing the COVID-19 pandemic, through self-evaluation and looking to a better future by adhering to Islamic values. The second stage, tahalli, is the stage of planting value, behavior, and ways of positive thinking (Alfaiz et al., 2019), which aims to make the counselee able to behave, behave, and always have positive thoughts in daily life. The positive things that are implanted at this stage are repentance, patience, zuhud, and ihsan behavior. This value is considered to prevent the counselee from destructive behavior, such as excessive anxiety. And the last stage is tajalli, this stage is the stage to align the counselee with the reality of the world that is different from the counselee's condition after repenting for the mistakes they have made. At this stage it is hoped that the counselee can build a commitment to himself to always think, behave, and behave according to the guidance of Allah SWT.

Limitations and Suggestion

This study uses samples taken purposively and effectiveness testing is carried out with non-parametric statistics so that it needs to be careful in generalizing the results of this study to a wider population. For that, in the future, it is necessary to develop Islamic counseling treatment or intervention in helping counselee problems, especially anxiety problems by paying attention to other variables.

Implications

This study has implication for guidance and counseling field in COVID-19 context. First, people should pay attention to the anxiety during this pandemic. The increasing anxiety could impact their daily life negatively. Second, people who experience anxiety due to the pandemic could see counselor to help them. Lastly, the counselors could consider the results of this study to help the counselee's problems related to anxiety caused by the COVID-19 pandemic.

CONCLUSION

The results showed that the participants' mindfulness could increase after being given treatment through Islamic counseling with an individual format. The increase in the participants' mindfulness was also followed by a decrease in the respondent's level of anxiety. This is what distinguishes this study from others, previous researchers gave direct treatment to the aspect of anxiety without seeing the anxiety caused by what variables, while in this study, the researcher attempted to build mindfulness by instilling Islamic values so that the level of anxiety decreased. This study further strengthens the results of previous studies that have tested the effectiveness of Islamic counseling services. However, it should also be noted, in this study, the participants are very small, so that it needs to be careful in generalizing to a larger population.

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AUTHOR CONTRIBUTIONS STATEMENT

All authors contribute according to their respective expertise to the maximum and have given an agreement in the completion of this article

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