



## Research Article

© 2023 Sahrah et al.  
This is an open access article licensed under the Creative Commons  
Attribution-NonCommercial 4.0 International License  
(<https://creativecommons.org/licenses/by-nc/4.0/>)

Received: 17 May 2023 / Accepted: 20 June 2023 / Published: 5 July 2023

# Improvement of Spiritual Well-Being in Students Experiencing Quarter Life Crisis through Solution-Focus Brief Therapy

Alimatus Sahrah

Astri Dwidiyanti

Moordiningsih Moordiningsih

Faculty of Psychology,  
Universitas Mercu Buana Yogyakarta,  
Indonesia

DOI: <https://doi.org/10.36941/ajis-2023-0116>

## Abstract

Postgraduate students are defined as individuals who continue their studies at the master's level at a tertiary institution, both public and private or an institution that is equivalent to a tertiary institution. This adult development phase is the phase that has the lowest level of spiritual well-being compared to other developmental phases where individuals do not have spiritual beliefs that can be used as a coping mechanism to overcome problems, especially problems experienced during the quarter-life crisis phase. This study aimed to determine the effect of a solution-focused brief therapy (SFBT) intervention on the spiritual well-being of postgraduate students experiencing a quarter-life crisis. This research is very important for groups of young adults who experience quarter-life crises to help provide information and skills in dealing with quarter-life crises. The research method used is quasi-experiment. Based on the results of the research that has been done, brief solution-focused therapy is proven to be able to improve the spiritual well-being of postgraduate students who are experiencing a quarter-life crisis. Increased spiritual well-being gives graduate students more positive self-assessments and reduces anxiety so that their quarter-life crisis rate decreases. Based on the description, it can be concluded that short therapy focused on solutions improves the spiritual well-being of postgraduate students experiencing a quarter-life crisis. Subjects who were given brief therapy focused on solutions felt changes in themselves, and complaints such as low self-esteem, pessimism, and anxiety could be resolved. The decrease in these complaints made the subject more optimistic so that the quarter-life crisis could be resolved.

**Keywords:** solution-focused brief therapy, quarter-life-crisis, spiritual well-being, graduate

## 1. Introduction

Postgraduate students are defined as individuals who continue their studies at the master's level at a tertiary institution, both public and private or an institution that is equivalent to a university (Putra et al., 2022). Booman explained that a student or someone studying in college and continuing on to college experiences a transition toward maturity. The transition in question is several stages of the early adult development process in which postgraduate students aged 20-30 years are considered

capable of determining the future, making decisions, and managing their lives independently (Muttaqien & Hidayati, 2015).

This adult development phase is the phase that has the lowest level of spiritual well-being compared to other developmental phases where individuals do not have spiritual beliefs that can be used as a coping mechanism to overcome problems, especially problems experienced during the quarter-life crisis phase (Musa et al., 2018). The quarter-century crisis (quarter-life crisis) is a transition period that occurs from adolescence to early adulthood. Individuals at this time will begin to question the life they will live and how to face the future, especially when humans at this time are products of universities, one of which is a postgraduate student (Habibie et al., 2019).

Welfare can be interpreted as a state of being prosperous, security, safety, and peace. If it is associated with the soul, it means mental health. And if it is related socially, it means the prosperous state of society. Meanwhile, the word spiritual comes from the word spirit. In Arabic, the term spiritual is called *al-rûhiyah* or *al-rûhâniyah*. This term itself refers to *rûh*, which means air blowing (*al-rîh*). Meanwhile, in Indonesian, the spirit is defined as the soul, something (element) that exists in the body created by God as the cause of life. Thus, spiritual well-being can be interpreted as the fulfillment of individual spiritual needs due to the alignment of spiritual dimensions within oneself. Sanan et al. (2015) also explained that spiritual well-being is a concept used to describe a situation full of motivation or encouragement to find life goals and focus on certain beliefs which are then believed to be the truth.

The condition of students themselves is influenced by two things, namely internal conditions and external conditions. Internal conditions include students' state or physical and spiritual conditions, while external conditions are environmental conditions outside the individual. Internal conditions in students have a very important role, especially spiritual conditions in the form of spiritual well-being (Nashriyati & Arjanggal, 2016). Therefore, individuals need spiritual well-being to help themselves in solving quarter-life crisis problems as a form of coping stress in dealing with the crisis (Musa et al., 2018). However, in reality, in the age range of 20-30 years, most individuals have relatively low spiritual well-being, where the highest level of spiritual well-being is owned by the elderly, followed by the late adult group. Meanwhile, the level of spiritual well-being is currently in adolescents late and followed by early adulthood. The results of this study indicate that although spiritual well-being in early adulthood is at a moderate level, the level of well-being is at the bottom, even lower than other stages of development (Fijianto et al., 2020).

Akbar, Limantara, and Marisa (2020) also stated that the spiritual welfare of students is in the range of 24% -61% where 24% is a moderate level of spiritual welfare and 61% is a high level of spiritual welfare. A high level of spiritual well-being helps individuals overcome everyday anxiety. However, there are not a few students whose spiritual well-being is at a moderate level and who are less able to overcome problems regarding their anxiety. The results were also supported by the results of interviews conducted on July 1, 2022, with 5 students in their 20s. It was found that 4 out of 5 students who were interview subjects admitted that they did not really know the meaning and purpose of their lives.

Therefore, it is known that individuals who experience quarter-life crises tend to have low spiritual well-being. This can be seen from the experience of each individual who experiences confusion and has no goals but overcomes it by smoking, walking, sleeping, and avoiding social activities. Meanwhile, subjects who appear to fulfill the aspect of spiritual well-being relatively show planning for the future even though they both still have confusion. Therefore, spiritual well-being is an important dimension that every individual needs to have, especially individuals who are experiencing a quarter-life crisis, because spiritual well-being can direct individuals to have goals and meaning in life, hope, optimism, and improve individual psychological status so that these individuals get a happier life, physically and psychologically healthy (Harvey, 2004). When spiritually prosperous individuals will have the ability to interpret the opportunities obtained in life as a result of individual interactions with the environment and belief in God's power which governs all forms of life so that individuals are able to live more harmoniously (A'la et al., 2017).

There are several psychological interventions to improve spiritual well-being, including bibliotherapy, bereavement life review, and short solution-focused therapy. Research conducted by Safariah (2014) shows that the Islamic version of bibliotherapy is able to improve spiritual well-being in patients with coronary heart disease. Another study written by the families of stroke patients shows that solution-focused therapy can reduce the level of a quarter-life crisis in individuals where it is known that spirituality is one of the problem areas experienced by individuals.

Solution-focused brief therapy (SFBT) is a technique in solution-focused psychotherapy that is applied for a short time. One of the most important assumptions of solution-focused brief therapy is that the client has inherent strengths, resources, and problem-solving skills. Because spirituality can be a source of strength for clients, the concept of spirituality can be utilized in accordance with the theoretical basis of therapy, thereby making a major contribution to the client's recovery process. Brief therapy is an appropriate intervention for young adults because; 1) their physical condition is still relatively fit, and there is still a great sense of optimism in looking at problems making young adults more able to engage in focused therapy; 2) young adults are generally more focused on action what they have to do to overcome problems and also be able to build motivation to achieve goals in the future, and 3) young adults will give a positive response, especially to therapists who appreciate their independence and competence. This study aimed to determine the effect of a solution-focused brief therapy (SFBT) intervention on the spiritual well-being of postgraduate students experiencing a quarter-life crisis. This research is very important for groups of young adults who experience quarter-life crises to help provide information and skills in dealing with quarter-life crises.

## 2. Method

This research has sample criteria to obtain subjects. Researchers will give questionnaires to several postgraduate students who have been around the Special Region of Yogyakarta with special criteria, namely the subject is male or female, aged 20-26 years from any study program, has a high/moderate quarter-life crisis scale score, has not have attended SFBT learning or interventions and have a low or moderate level of spiritual well-being scale scores. The research design used is a quasi-experimental design. A quasi-experimental design is a research design that provides treatment and measures the effects of treatment but does not use random samples to conclude changes caused by the treatment. In the experimental group, the subjects were given SFBT treatment, but in the control group, the subjects were not treated.

The operational definition of the independent variable of solution-focused brief therapy with a pragmatic approach that focuses on the future with the aim of achieving it in a structured and highly disciplined manner. SFBT emphasizes finding and solving problems (Solutions) rather than focusing on problems. The techniques used to achieve problem-solving are changes before therapy, exclusion questions, miracle questions, scaled questions, first-session task formulation, and feedback. Moreover, the operational definition of the dependent variable of spiritual well-being is the quality of a person's relationship with himself, other people, nature, and/or God. The spiritual well-being variable is measured using a modified SWBQ (Spiritual Well-Being Questionnaire) scale by Laili and Suseno (2016).

Data analysis used in this study is a quantitative method with non-parametric statistical techniques. Using the Mann-Whitney test in the control group and the experimental group, the goal is to find out the difference in the scores of the Pre-test and Post-test follow-up, because it has a small number of research subjects while finding out the differences in pre-test, post-test, and follow-up scores in the experimental group using the Wilcoxon Rank Test.

## 3. Results

The data used as the basis for testing the hypothesis is obtained from the results of the pre-test and post-test of the spiritual well-being scale, both the experimental and control groups. Hypothetically,

the spiritual well-being scale measurement data found a minimum score of 40 (40x1), a maximum score of 160 (40x4), a mean of 100 ((160+40):2), and a standard deviation of 20 ((120- 40):6). More clearly, Table 1 was the pre-test score categories of the spiritual well-being scale of the experimental group and the control group.

**Table 1.** Categories of Pre-test Scores for the Experiment Group and the Control Group

No.	subject	Experimental group		subject	control group	
		Score	Category		Score	Category
1	MAJ	107	Currently	YAD	107	Currently
2	DG	109	Currently	RSBS	110	Currently
3	AT	111	Currently	AY	110	Currently
4	RR	113	Currently	FM	110	Currently
5	EPI	115	Currently	Y	114	Currently
6	DK	118	Currently	GRA	114	Currently

Based on the scores and categories in Table 1, it is known that the research subjects, both the experimental and the control groups, had a moderate level of spiritual well-being before the experimental group was given treatment. The experimental group’s empirical measurement results before the activity (pre-test) showed a minimum score of 107, a maximum score of 118, and a mean value of 112.167. In the control group, a minimum score of 107 was found, a maximum score of 114, and a mean value of 110.833.

The empirical measurement results after the activity (post-test) in the experimental group found a minimum score of 116, a maximum score of 154, and a mean value of 128.667. In the control group, a minimum score of 106 was found, a maximum score of 116, and a mean value of 111.5. A brief description of the research data can be seen in Table 2.

**Table 2.** Description of Hypothetical and empirical research data

Measurement	Empirical Data				Hypothetical Data
	Experiment Group (N=4)		Control Group (N=4)		
	Pretest	Posttest	Pretest	Posttest	
Minimum	107	116	107	106	40
Maximum	118	154	114	116	160
Means	112,167	128,667	110,833	111,5	100

From the results of the data description, as shown in Table 2, it can be concluded that the post-test data scores obtained by the experimental group are greater (high category) than the post-test data scores obtained by the control group (medium category). More clearly, Table 3 shows the post-test score categories on the spiritual well-being scale of the experimental group and the control group.

**Table 3.** Categories of post-test scores for the experimental group and the control group

No.	subject	Experimental group		subject	Control Group	
		Score	Category		Score	Category
1	MAJ	135	Tall	YAD	107	Medium
2	DG	123	Tall	RSBS	112	Medium
3	AT	120	Tall	AY	116	Medium
4	RR	116	Currently	FM	106	Medium
5	EPI	154	Tall	Y	114	Medium
6	DK	124	Tall	GRA	114	Medium

A different test was performed before and after the experimental group was treated using the Wilcoxon signed test technique to test the hypothesis. Based on the results of the analysis, it was found that the Z value was -2.201 and  $p=0.028$  ( $p<0.05$ ). The analysis results show differences in the level of spiritual well-being in the experimental group before and after being given treatment. The experimental group's spiritual well-being score was higher (mean = 128.667) than the control group (mean = 111.5). A summary of the analysis results can be seen in Table 4.

**Table 4.** Wilcoxon signed the test analysis

	Post-test - Pre-test
Z	-2.201
Asymp. Sig. (2-tailed)	.028

Observations made include general conditions, activity processes, subject conditions during activities, and therapist conditions. Aspects of general conditions include space and equipment readiness. The observation results show that the room for carrying out activities is quite conducive with adequate lighting. The tools used for the activity have been prepared and positioned in place.

Solution-focused brief group therapy activities were carried out in one meeting, attended by six subjects, and accompanied by one experienced therapist, assisted by one observer. The material in this activity is in the form of a discussion. Conditions of the subject at the time of the activity include response, interest, and practice. The subject's responses consisted of verbal responses and non-verbal responses. From the verbal aspect, the responses from the subjects were good, although, at the beginning of the meeting, communication still seemed awkward and stiff until finally, as the activity progressed, good communication was established, and the atmosphere began to melt between the subjects and the therapists. The subject is able to convey his ideas and aspirations quite well. Overall, the activity material received a positive response from the subjects on the non-verbal aspect.

The subjects showed interest, but occasionally during the materials session, the subjects were silent. However, overall, the subject did not appear to have difficulty following the therapist's directions. The aspect of the therapist's condition shows that the therapist is clear in giving the material. This is indicated by the ability of the subjects to absorb the material presented. In the changes shown by the subject before, during, and after the activity observations were made to see the changes shown by the subject before, during, and after short solution-focused group therapy. Data results from the observation of each subject are as follows.

MAJ

*Before the activity was carried out, the subject looked excited. During the group therapy, the subject looked quite serious following the group therapy facilitated by the therapist. The subject's condition after being given a short solution-focused group therapy looks more religious.*

DG

*The subject smiles a lot. During group therapy, the subject looked quite enthusiastic and serious, laughing more than the other subjects. The subject's condition at the end of the group therapy looked more enthusiastic even though he looked tired.*

AT

*The subject looks relaxed. The subject followed the group therapy process well and looked serious. The condition of subject, after a short solution-focused group therapy, seemed to remain enthusiastic even though they looked tired.*

RR

*The subject looks relaxed. The subject followed the group therapy process well and looked serious. The condition of the subject after a short solution-focused group therapy looked tired.*

EPI

*Before the activity was carried out, the subject looked less enthusiastic. However, as the activity progressed, the subject began to look more active and open. The condition of subject after being given the exercise seemed more enthusiastic.*

DK

*The subject looks relaxed. The subject followed the group therapy process well and looked serious. The condition of the subject after a short solution-focused group therapy looked tired.*

Based on the data obtained, it is proven that the hypothesis put forward in this study is accepted, in which the group of graduate students who receive short solution-focused therapy has higher spiritual well-being compared to the group of postgraduate students who do not receive short solution-focused therapy. From the analysis of quantitative data, the results obtained are  $Z=-2.201$ ;  $p<0.05$ , which indicates that there is a difference in the level of the spiritual well-being of postgraduate students who experience a quarter-life crisis between before and after short solution-focused therapy. The spiritual well-being level of the experimental group was higher (mean=128.667) than the control group's spiritual well-being (mean=111.5). Especially in the experimental group, it is proven that brief group therapy focused on solutions improves the spiritual well-being of postgraduate students experiencing a quarter-life crisis, with a mean before = 112.167 and a mean after = 128.667. The results of the qualitative analysis reinforce the data that the experimental group subjects experienced an increase in spiritual well-being. The difference between the two groups was due to the provision of special treatment in which the experimental group was given a short solution-focused therapy which was carried out once in 2.5 hours.

Short therapy focused on solutions can improve the spiritual well-being experienced by postgraduate students experiencing a quarter-life crisis, where spiritual well-being causes individuals to know the meaning and purpose of their lives. It is in line with what was disclosed by the subject that before participating in a brief solution-focused therapy, the subject experienced complaints in the form of anxiety and doubt in setting life goals, and after participating in a brief solution-focused therapy implementation once for 2.5 hours, the subject felt more confident comfortable and calm in going about your day. According to Hidayati & Muttaqien (2020), a quarter-life crisis can create anxiety because there are too many choices, making you confused in determining what is certain. It makes graduate students question the life they will live and how to face the future.

The effect of solution-focused brief therapy to improve spiritual well-being in graduate students experiencing quarter-life crisis is supported by research that states that solution-focused brief therapy shows that clients have the strengths, resources, and problem-solving skills needed to solve their problems. Because spirituality can be a source of strength for clients in the solution-focused therapy process, the concept of spirituality can be utilized in accordance with the theoretical basis of therapy, thereby making a major contribution to the recovery process. Solution-focused brief therapy that has been given to the subject helps to overcome his complaints, such as MAJ's statement that solution-focused brief therapy made him feel more comfortable in undergoing PKPP and complaints that felt like he was far from God became less.

It is in line with what was expressed by Ime that moments when everything is going well in a client's life might be when the client goes to a place of worship, reads the holy book, or worships and prays more. With good spiritual well-being, when a person is faced with a difficult situation, the individual will be trained to develop life skills. Those who are able to develop life skills are able to achieve good mental health. Conversely, those who are unable to develop life skills mean they have not been able to achieve mental health (Yakup 2019).

Solution-focused brief therapy given to postgraduate students who are experiencing a quarter-life crisis aims to improve spiritual well-being. In early adulthood, graduate students often complain of unpleasant experiences such as negative self-assessment and anxiety. Solution-focused brief therapy that has been implemented can practically handle human psychological problems such as anxieties that have occurred due to the past and what is currently happening. The SBFT approach is a practical, effective, and efficient psychotherapy approach as a solution to anticipate the increasing psychological anxiety experienced by individuals (Hadjam & Widhiarso. 2011). Solution-focused brief therapy has several steps that characterize the process, one of which is the therapist finding out what the client wants rather than looking for what they don't want. In addition, the therapist does not look

for pathology and does not try to give the client a diagnostic label. Instead, the therapist looks for what clients are doing that is already working and encourages them to continue in that direction (Corey, 2012; Shittu, 2019).

The therapist asks exclusion questions to direct the client to times when the problem does not exist or is not that severe. This exploration reminds the client that problems are not omnipotent and have never existed forever. Exploration also provides opportunities to generate resources, use strengths, and posit solutions<sup>6</sup> (Pebrianti & Purwoko, 2017). During therapy, the therapist focuses on the client's strengths in life rather than their problems. Client strengths include their values, beliefs, experiences, and spirituality (Yakup, 2019). Religiosity and spirituality have a negative effect on the quarter-life crisis, which means that the higher a person's religiosity and spirituality, the lower the quarter-life crisis phase they experience (Larasati, 2021). In this study, brief solution-focused therapy has been shown to improve the spiritual well-being of postgraduate students who are experiencing a quarter-life crisis. Increased spiritual well-being gives graduate students more positive self-assessments and reduces anxiety so that their quarter-life crisis rate decreases. Based on the description above, it can be concluded that short therapy focused on solutions improves the spiritual well-being of postgraduate students experiencing a quarter-life crisis. Subjects who were given brief therapy focused on solutions felt changes in themselves, and complaints such as low self-esteem, pessimism, and anxiety could be resolved. The decrease in these complaints made the subject more optimistic so that the quarter-life crisis could be resolved.

#### 4. Conclusion

Brief solution-focused therapy is proven to be able to improve the spiritual well-being of postgraduate students who are experiencing a quarter-life crisis. Increased spiritual well-being gives graduate students more positive self-assessments and reduces anxiety so that their quarter-life crisis rate decreases. Thus, it can be concluded that short therapy focused on solutions improves the spiritual well-being of postgraduate students experiencing a quarter-life crisis. Subjects given brief therapy focused on solutions felt changes in themselves, and complaints such as low self-esteem, pessimism, and anxiety could be resolved. The decrease in these complaints made the subject more optimistic so that the quarter-life crisis could be resolved.

Future researchers are expected to use a more diverse range of research subjects so that they will be able to analyze students with quarter-life crises and find out the extent of problems that can be intervened by short, solution-focused therapy. Then, future researchers should deepen the issue of spiritual well-being if they want to research the same problem.

#### References

- A'la, M. Z., Yosep, I., & Agustina, H. R. (2017). Pengaruh Bereavement Life Review terhadap Kesejahteraan Spiritual pada Keluarga Pasien Stroke. *Jurnal Keperawatan Padjadjaran*, 5(2), 214–226. <https://doi.org/10.24198/jkp.v5i2.526>.
- Akbar, B. M., Limantara, S., & Marisa, D. (2020). Hubungan Tingkat Kesejahteraan Spiritual Dengan Tingkat Kecemasan Mahasiswa Dalam Menghadapi Objective Structured Clinical Examination (OSCE). *Homeostasis*, 3(3), 435–440.
- Corey, G. (2012). *Theory and practice of counseling and psychotherapy*. Cengage learning.
- Fijianto, D., Andriany, M., & Hartati, E. (2020). Studi Deskriptif Spiritual Well Being Warga Binaan Masyarakat Laki-laki berdasarkan Usia di Lembaga Masyarakat Kantor Wilayah Kementerian Hukum dan Hak Asasi Manusia Jawa Tengah: Studi Pendahuluan. *Jurnal Ilmiah Kesehatan*, 13(1), 34–38. <https://doi.org/10.48144/jiks.v13i1.224>
- Habibie, A., Syakarofath, N. A., & Anwar, Z. (2019). Peran religiusitas terhadap quarter-life crisis (QLC) pada mahasiswa. *Gadjah Mada Journal of Psychology (GamaJoP)*, 5(2), 129–138. <https://doi.org/10.22146/gamajo.p.48948>



- Hadjam, M. N. R., & Widhiarso, W. (2011). Pengujian model peranan kecakapan hidup terhadap peningkatan mental. *Jurnal Psikologi*, 38(1), 61-72. <https://doi.org/10.22146/jpsi.7665>
- Harvey, M. B. (2004). *Development and Psychometric Validation of the State-trait Spirituality Inventory* [University of North Texas]. Available: <http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=psyc4&NEWS=N&AN=2005-99004-132>
- Hidayati, F., & Muttaqien, F. (2020). Hubungan Self Efficacy Dengan Quarter Life Crisis Pada Mahasiswa Fakultas Psikologi Universitas Islam Negeri Maulana Malik Ibrahim Malang Angkatan 2015. *Psikoislamedia: Jurnal Psikologi*, 5(1), 75-84.
- Laili, L., & Suseno, M. N. (2016). Kesejahteraan Spiritual dan Burnout pada Mahasiswa Pendidikan Dokter. *Psikologika: Jurnal Pemikiran dan Penelitian Psikologi*, 21(2), 167-178. <https://doi.org/10.20885/psikologika.vol21.iss2.art6>
- Larasati, D. (2021). *Peran Religiusitas dalam Menghadapi Quarter Life Crisis*. In *Fakultas Psikologi Universitas Muhammadiyah Malang*. Malang: Universitas Muhammadiyah
- Musa, A. S., Pevalin, D. J., & Al Khalailah, M. A. (2018). Spiritual well-being, depression, and stress among hemodialysis patients in Jordan. *Journal of Holistic Nursing*, 36(4), 354-365. <https://doi.org/10.1177/0898010117736686>
- Muttaqien, F., & Hidayati, F. (2020). Hubungan self-efficacy dengan quarter life crisis pada mahasiswa Fakultas Psikologi UIN Maulana Malik Ibrahim Malang angkatan 2015. *Psikoislamedia Jurnal Psikologi*, 5(1), 75-84.
- Nashriyati, R. N., & Arjanggal, R. (2016). Peran Pemaafan dan rasa syukur terhadap kesejahteraan spiritual pada santri remaja pondok pesantren. *Proyeksi: Jurnal Psikologi*, 11(1), 77-92.
- Pebrianti, D., & Purwoko, B. (2017). Studi Kepustakaan Mengenai Landasan Teori dan Praktik Solution-Focused Brief Therapy (SFBT). *Jurnal BK Unesa*, 7(2), 1-12.
- Putra, A. P., Mujanah, S., & Susanti, N. (2022). Pengaruh self-awareness, etos kerja, resiliensi, terhadap organization citizenship behavior (OCB) dan kinerja tenaga kependidikan di perguruan tinggi swasta Surabaya. *Media Mahardhika*, 20(2), 311-321. <https://doi.org/10.29062/mahardhika.v20i2.397>
- Safariah, T. D. (2014). Pengaruh Biblioterapi Versi Islam terhadap Kesejahteraan Spiritual pada Pasien Penyakit Jantung Koroner. *Jurnal Keperawatan 'Aisyiyah*, 1(1), 29-46. <https://doi.org/10.21274/taalum.2015.3.02.i-ii>
- Sanan, Y. C. U., Induniasih, & Suwarsi. (2015). Pengaruh Meditasi Terhadap Kesejahteraan Spiritual pada Lansia di Panti Sosial Tresna Werdha Yogyakarta Unit Abiyoso. *Jurnal Keperawatan Respati*, 2(2), 21-28.
- Shittu, W. (2019). Self-control and social development: Evidence from Kenya. *Arthatama*, 3(2), 83-99.
- Yakup, I. M. E. (2019). Solution-focused brief therapy and spirituality. *Spiritual Psychology and Counseling*, 4(2), 143-161. <https://doi.org/10.12738/spc.2019.4.2.0065>