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Islamic-Integrated Personal Growth Group to Promote Self-Compassion Among Thai Social Work Students: A Pilot Mixed-Method Study

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Abstract

Social work students face high academic and emotional demands, requiring culturally responsive psychological support. This pilot study evaluated an Islamic-integrated personal growth group intervention to foster self-compassion among Muslim social work students in Thailand's southern border provinces. A randomized, two-group, pre-test/post-test trial with an embedded qualitative component and a three-month follow-up was conducted with a small sample (N = 24; 12 interventions, 12 controls); participants were purposively screened against inclusion criteria and randomly assigned to conditions. Baseline equivalence was confirmed across all three self-compassion subscales (all $p > .05$). Self-compassion was assessed using the Self-Compassion Scale; qualitative data were collected from the intervention group during sessions and at follow-up through audio-recorded observations and open-ended questions and analyzed thematically following Braun and Clarke's (2006) framework. The intervention group showed a significant increase in self-compassion from pre- to post-test, and post-test scores were significantly higher than the control group on the composite score and all three subscales. However, three-month follow-up scores were significantly lower than post-test and no longer different from baseline, indicating the gains were not durably sustained. Thematic analysis showed participants drew on Islamic practices, such as Dhikr and Qadar, to interpret their emotional changes. Given the small sample and non-sustained follow-up effect, these findings should be read as preliminary evidence of short-term feasibility rather than durable effectiveness; larger trials with booster sessions or continued peer support are needed before firmer conclusions can be drawn.

INTRODUCTION

Social work students are particularly vulnerable to psychological distress, secondary traumatic stress, and professional burnout due to the intense emotional demands of their training and clinical exposure (Beddoe et al., 2023; Dima et al., 2021). Although standard academic curricula predominantly emphasize professional skill development, there is growing recognition that cultivating psychological resilience—particularly self-compassion—is critical for mitigating burnout and enhancing students' clinical readiness (Kotera et al., 2021; Sessions et al., 2024). Self-compassion enables individuals to respond to distress with self-kindness rather than self-criticism, significantly reducing anxiety and promoting mental well-being (Neff, 2003; Zessin et al., 2015). Despite these benefits, existing interventions often lack cultural and religious congruence for students in diverse multicultural contexts, leaving a gap in tailored psychological support for Islamic communities in Thailand's southern border provinces (Dehghanizadeh et al., 2024; Maktar et al., 2025). This study addresses this limitation by evaluating an intervention that integrates Islamic principles into a Personal Growth Group (PGG) model to foster self-compassion among Muslim Thai social work students.

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The proposed culturally attuned intervention is theoretically grounded in the conceptual alignment between Islamic psychology and the core components of self-compassion (Abdul-Rahman, 2017). Specifically, self-kindness resonates with the Islamic emphasis on seeking Allah's mercy and practicing self-forgiveness instead of harsh self-blame; common humanity reflects the shared communal bond (*ummah*) and the acceptance that trials (*bala*) are a natural part of human existence; and mindfulness is actualized through *Dhikr* (remembrance of Allah), which anchors the mind in present-centered God-consciousness (Dehghanizadeh et al., 2024; Ghorbani et al., 2012). Furthermore, Trotzer's (2013) Personal Growth Group framework provides a safe, experiential environment that mirrors the communal nature of Islamic practices, allowing students to navigate interpersonal challenges and reconstruct their narratives with shared spiritual meaning (Maurer et al., 2023; Trotzer, 2013).

Present Study

Despite the established benefits of self-compassion, there remains a critical need for culturally and religiously responsive interventions for social work students in multicultural contexts. Addressing this gap, this pilot study—a randomized controlled design with an embedded qualitative component—evaluates integrating Islamic principles into a Personal Growth Group model to foster self-compassion among Thai social work students, examining both the intervention's immediate impact and the durability of effects over a three-month follow-up. It was hypothesized that participants assigned to the Islamic-integrated intervention group would demonstrate significantly higher self-compassion scores post-intervention compared to a control group (Hypothesis 1), and that these psychological improvements would be sustained at follow-up (Hypothesis 2). Furthermore, the qualitative component explores how participants internalized Islamic principles to navigate emotional challenges and cultivate psychological resilience.

METHODS

Design

This study employed a pilot randomized controlled trial (RCT) with an embedded qualitative component, using a two-group, pre-test/post-test design with a three-month follow-up (Thyer, 2012). The study was reported in accordance with the CONSORT 2025 Statement for reporting randomized trials (Hopewell et al., 2025). Eligible participants were identified through purposive screening against inclusion criteria and then allocated to the intervention or control condition using simple random assignment. Baseline equivalence was formally verified using independent-samples t-tests on each of the three self-compassion subscales (see Table 2 for detailed statistical comparisons). No statistically significant difference between groups was found prior to intervention, supporting the adequacy of the random allocation.

Following the post-test, and consistent with ethical practice for a psychological intervention with a waiting comparison group, the control group was subsequently offered the same Personal Growth Group program; the three-month follow-up assessment was therefore conducted only within the original intervention group; no between-group comparison at follow-up was possible. This approach was selected as the appropriate way to address the research aims: the quantitative component allows for evaluation of the intervention's immediate and short-term effects on participants' self-compassion, while the embedded qualitative component provides an in-depth understanding of how participants internalized the integrated Islamic principles, both during the intervention and at follow-up (Creswell & Creswell, 2018; Creswell & Plano Clark, 2018).

Using the typology proposed by Creswell and Plano Clark (2018), this corresponds to an embedded design in which the qualitative strand was nested within the quantitative randomized trial at two points: observation records were collected throughout the ten sessions of the

intervention itself (embedded during treatment), and a further round of open-ended, qualitative follow-up questions was administered to the intervention group alongside the quantitative follow-up assessment at three months (embedded during follow-up). No qualitative data were collected at pre-test. The reporting of this study follows the Good Reporting of a Mixed Methods Study (GRAMMS) guidelines (O'Cathain, Murphy, & Nicholl, 2008).

Participants

Participants were recruited from a population of 44 third-year social work students enrolled in the second semester of the 2023 academic year in the Faculty of Humanities and Social Sciences, Prince of Songkla University, Pattani Campus. A purposive sampling method was used to screen these 44 students against specific inclusion criteria: identifying as Muslim, demonstrating a self-compassion score below the 25th percentile on the screening instrument, and providing voluntary consent (Palys, 2008). Of the 44 students screened, 24 met these criteria and were enrolled; the remaining 20 were excluded at screening. Students were also excluded if they had physical health problems with psychological impact that would preclude consistent participation.

An a priori power analysis using G*Power software (Faul et al., 2007) indicated that a sample size of 24 (12 per group) was sufficient to detect a medium effect size (d = 0.50) with an alpha of .05 and a statistical power of .80 (Cohen, 1988), which the enrolled sample satisfied exactly. The 24 enrolled students were then randomly assigned, using a simple random sampling technique, into two equal groups: an intervention group (n = 12) and a control group (n = 12). All 24 participants completed assessment at every time point (pre-test, post-test, and three-month follow-up), with no attrition in either group. Baseline equivalence between groups is reported in the Design section above (see also Table 2).

All study procedures adhered to strict ethical standards and were approved by the Research Ethics Committee for Humanities, Social Sciences and Education at Prince of Songkla University, Pattani Campus (REC Number: psu.pn.2-095/66). Written informed consent was obtained from all participants prior to data collection, and they were assured of their right to withdraw at any time without penalty. The demographic characteristics of both samples are presented in Table 1.

Instruments

Quantitative Measure

Quantitative data were collected using the Self-Compassion Scale (Tasee, 2017), which was adapted to assess the psychological resilience of Thai social work students. The instrument measures three core components: self-kindness (12 items), common humanity (15 items), and mindfulness (13 items). It comprises 40 items rated on a 5-point Likert scale ranging from 1 (not true at all) to 5 (absolutely true). Negatively worded items are reverse-scored, with higher total scores indicating greater self-compassion. To ensure the instrument's conceptual and linguistic appropriateness for Muslim students, it was reviewed by a panel of three experts in counseling psychology and social work, yielding an Item-Objective Congruence (IOC) index ranging from 0.60 to 1.00. The adapted scale demonstrated high internal consistency, with a Cronbach's alpha coefficient of .83.

Qualitative Measures

Qualitative data were gathered exclusively from the intervention group (n = 12) at two points: audio recordings and behavioral observation records during the ten sessions, and a semi-structured, open-ended questionnaire at the three-month follow-up (reviewed by a panel of three experts in counseling psychology and qualitative research) exploring how participants internalized Islamic principles over the longer term. Trustworthiness followed four established

criteria (Lincoln & Guba, 1985): credibility, through data triangulation and member checking, in which preliminary questions and analysis results were reviewed for accuracy by experts, social work instructors, and the intervention group students themselves (Creswell, 2018); dependability, through peer debriefing during theme development; confirmability, through an audit trail linking themes to verbatim excerpts; and transferability, through thick description of context and participants. Data collection was conducted in Central Thai and Yawi (Pattani Malay), participants' predominant everyday language, and translated into English with back-translation to verify conceptual equivalence.

Table 1. Demographic Characteristics of the Participants (N = 24)

Characteristics	Experimental Group (*n* = 12) *n* (%)	Control Group (*n* = 12) *n* (%)
Gender		
Male	3 (25.00)	1 (8.33)
Female	9 (75.00)	11 (91.67)
Hometown		
Pattani	4 (33.33)	6 (50.00)
Narathiwat	5 (41.67)	4 (33.33)
Yala	1 (8.33)	1 (8.33)
Satun	1 (8.33)	1 (8.33)
Songkhla	1 (8.33)	0 (0.00)
Parental Marital Status		
Living together	11 (91.67)	12 (100.00)
Father deceased	1 (8.33)	0 (0.00)
Islamic Educational Background		
Primary (*Ibtida'iyah*)	1 (8.33)	1 (8.33)
Middle (*Mutawasittah*)	4 (33.33)	1 (8.33)
Upper Secondary (*Sanawiyah*)	7 (58.33)	10 (83.33)

Procedure

Data collection followed four sequential phases: preparation, intervention, post-test, and follow-up. After the baseline assessment, the intervention group participated in the Islamic-integrated Personal Growth Group program, delivered twice weekly over five weeks in ten 90-minute sessions progressing through five stages: safety, acceptance, responsibility, transformation, and closure (Trotzer, 2013). Post-test assessments followed the final session; the control group was then also offered the program (see Design, above), so the follow-up assessment was administered to the original intervention group only, three months later.

To ensure intervention fidelity, the program followed a structured manual that had been reviewed by three experts (IOC = 0.80–1.00) and pilot-tested before implementation. The principal investigator, trained in group counseling facilitation, delivered all ten sessions personally to maintain consistency and eliminate inter-facilitator variability, a deliberate choice given the small sample size. Delivery was supervised throughout by two advisors specializing in counseling psychology, who reviewed session recordings on a rolling basis and provided corrective feedback when content deviated from the manual. This dual role as deliverer and evaluator introduces a potential source of bias, discussed further under Limitations.

Data Analysis

Data were analyzed in jamovi (version 2.3; The jamovi project, 2022) with statistical procedures appropriate for the pilot mixed-methods design and the distributional properties of each measure. Descriptive statistics summarized demographic characteristics and self-compassion scores. Because the composite score showed a non-normal distribution given the small sample size, within-group pretest-posttest change was tested using the Wilcoxon Signed-

Rank test, and the post-test group comparison using the Mann-Whitney U test. Subscale scores (self-kindness, common humanity, mindfulness) met parametric assumptions and were compared between groups using independent-samples t-tests at baseline and post-test. Change across the three time points in the intervention group was examined using repeated-measures ANOVA, with Mauchly's test for sphericity and paired-samples t-tests for post hoc comparisons. No missing data were observed. 95% confidence intervals for the comparisons above are reported alongside each result in Tables 2–4.

For the qualitative component, data obtained from audio recordings of group sessions, behavioral observation notes, and the three-month follow-up open-ended questionnaire were analyzed following Braun and Clarke's (2006) six-step thematic analysis framework. The coding process began with verbatim transcription and familiarization with the data, followed by line-by-line initial coding to identify meaningful units of information. Codes were collated and categorized into overarching themes reflecting how participants internalized Islamic principles to develop self-compassion. Data triangulation across multiple qualitative sources and peer debriefing with a panel of experts in counseling psychology and qualitative research were used to support the credibility and dependability of the analysis (Creswell & Creswell, 2018).

RESULTS

Quantitative Findings

Baseline comparisons confirmed no statistically significant difference between the intervention and control groups on any of the three self-compassion subscales prior to the intervention (self-kindness: $t(22) = -0.29$, $p = .772$; common humanity: $t(22) = 1.54$, $p = .138$; mindfulness: $t(22) = 0.81$, $p = .424$; see Table 2), supporting the adequacy of random allocation. Within the intervention group, total self-compassion scores increased significantly from pre-test ($M = 3.20$, $SD = 0.20$) to post-test ($M = 4.16$, $SD = 0.30$), mean difference = 0.96, 95% CI [0.77, 1.15], Wilcoxon Signed-Rank test, $p = .002$ (see Table 3). At post-test, the intervention group scored significantly higher than the control group ($M = 3.25$, $SD = 0.15$), mean difference = 0.91, 95% CI [0.71, 1.11], Mann-Whitney U test, $p < .001$. This pattern held on every subscale: self-kindness, mean difference = 0.79, 95% CI [0.47, 1.11], $t(22) = -5.06$, $p < .001$; common humanity, mean difference = 1.11, 95% CI [0.85, 1.37], $t(22) = -8.82$, $p < .001$; and mindfulness, mean difference = 0.78, 95% CI [0.46, 1.10], $t(22) = -4.99$, $p < .001$ (see Table 2).

A repeated-measures ANOVA examined change in total self-compassion score across three time points (pre-test, post-test, three-month follow-up) within the intervention group. Mauchly's test indicated the assumption of sphericity was met, $W = 0.98$, $\chi^2(2) = 0.21$, $p = .901$. The omnibus effect of time was statistically significant, $F(2, 22) = 50.90$, $p < .001$ (see Table 4). Pairwise comparisons, however, revealed a pattern that diverges from the study's original hypothesis of sustained improvement: scores increased significantly from pre-test to post-test (mean difference = 0.96, 95% CI [0.65, 1.27], $p < .001$), but the improvement was not durable—follow-up scores were not significantly different from pre-test (mean difference = 0.11, 95% CI [-0.10, 0.32], $p = .275$), and declined significantly from post-test to follow-up (mean difference = -0.85, 95% CI [-1.15, -0.55], $p < .001$; see Table 4). In other words, self-compassion gains observed immediately after the intervention were not sustained at the three-month follow-up assessment; Hypothesis 2 was not supported.

Qualitative Findings

Content analysis of the qualitative data, including audio recordings of group sessions and behavioral observation notes, revealed three overarching themes reflecting participants'

development of self-compassion and the integration of Islamic values during the intervention period.

Table 2. Comparison of Self-Compassion Subscale Between Groups at Baseline and Post-Test

Subscale	Time	Experimental M (SD)	Control M (SD)	Mean diff.	95% CI for mean diff.	*t*(22)	*p*
Self-kindness	Baseline	3.50 (0.26)	3.46 (0.42)	0.04	[−0.26, 0.34]	−0.29	.772
	Post-test	4.40 (0.35)	3.61 (0.41)	0.79	[0.47, 1.11]	−5.06	< .001
Common humanity	Baseline	2.96 (0.36)	3.17 (0.08)	−0.21	[−0.43, 0.01]	1.54	.138
	Post-test	4.13 (0.23)	3.02 (0.37)	1.11	[0.85, 1.37]	−8.82	< .001
Mindfulness	Baseline	3.19 (0.32)	3.33 (0.51)	−0.14	[−0.50, 0.22]	0.81	.424
	Post-test	3.95 (0.44)	3.17 (0.31)	0.78	[0.46, 1.10]	−4.99	< .001

Note. Scores represent subscale item means on a 1–5 scale. Mean diff. = experimental group mean − control group mean. CI = confidence interval.

Table 3. Total Self-Compassion Scores: Within-Group and Between-Group Comparisons

Comparison	Group/Time	*M*	*SD*	Mean diff	95% CI for mean diff	Test	*p*
Within intervention group (pre- vs. post-test)	Pre-test	3.20	0.20	0.96	[0.77, 1.15]	Wilcoxon signed-rank	.002
	Post-test	4.16	0.30				
Between groups (post-test)	Intervention	4.16	0.30	0.91	[0.71, 1.11]	Mann–Whitney *U*	<.001
	Control	3.25	0.15				
Within control group (pre vs. post-test)	Pre-test	3.31	0.33	−0.06	[−0.28, 0.16]	Paired-samples *t*	.513
	Post-test	3.25	0.15				

Note. Total self-compassion score expressed as item mean on a 1–5 scale. Confidence intervals for non-parametric tests are estimated based on Hodges-Lehmann median/mean differences.

Table 4. Repeated ANOVA and Pairwise Comparisons for the Intervention Group (n = 12)

Pairwise Comparison	Mean diff	95% CI for Mean diff	p	Source	df	F	p
Pre-test vs. post-test	0.96	[0.65, 1.27]	< .001*	Time (omnibus)	2, 22	50.90	< .001
Pre-test vs. Follow-up	0.11	[-0.10, 0.32]	.275				
Post-test vs. Follow-up	-0.85	[-1.15, -0.55]	< .001*				

* Significant at p < .05. Positive mean differences indicate an increase; negative values indicate a decrease.

Self-Kindness

Participants described new habits such as gratitude journaling, writing self-affirmations, and practicing self-care. Participant 1 stated, *"I respect myself more and appreciate everything that happens."* Participant 3 shared, *"I write daily affirmations and thank myself for every action I take,"* and Participant 5 added, *"Getting enough rest is one way I take care of myself."* Participants also expressed an increased capacity for self-forgiveness. Participant 2 remarked, *"I have learned to accept my mistakes and who I truly am. Whatever results I face depend on God's will,"* and Participant 4 stated, *"I no longer blame myself when problems occur; I now understand that it is normal."* Reflective listening to peers also prompted this shift: Participant 4 explained that hearing other members' struggles encouraged her to recognize her own experiences and begin treating herself with greater compassion.

Common Humanity

Participants described an understanding that suffering and imperfection are universal experiences, which reduced feelings of isolation. Participant 8 expressed, *"I feel relieved to know I am not the only one facing this,"* and Participant 12 reflected, *"We are all human, and making mistakes is normal."* Participants linked this shared human experience to Islamic principles, viewing trials as a natural part of life decreed by Allah. Participant 7 shared, *"I used to feel angry when things went wrong, but now I understand that Allah tests the ones He loves."*

Participant 6 added that hearing how peers coped with their own disappointments prompted her to question and reflect on her own life circumstances, illustrating how the group's shared disclosure process actively cultivated perspective-taking rather than simply providing reassurance.

Mindfulness

Participants reported an increased ability to remain calm and manage distressing thoughts during the program. Participant 3 stated, *"I can now let go of things that make me feel bad more easily than before,"* and Participant 5 added, *"I now handle problems mindfully and have clear strategies to improve the situation."* Participants frequently cited religious practices, such as Dhikr (remembrance of Allah) and prayer, as a foundation for their mindfulness. Participant 6 stated, *"I have done my best, and the rest I leave to Allah,"* while Participant 11 shared, *"I can regulate my emotions more easily because I apply religious principles."* These qualitative accounts describe how participants experienced and interpreted their emotional gains as the programme unfolded, providing a within-treatment account of the mechanisms of change.

Table 5. Joint Display of Quantitative and Qualitative Findings

Self-Compassion Component	Quantitative (Between-Group, Post-Test)	Qualitative Theme	Illustrative Quotation (Participant Code)
Self-Kindness	$t(22) = -5.06$, $p < .001$ (baseline: $t(22) = -0.29$, $p = .772$)	Self-Kindness	"Getting enough rest is one way I take care of myself." (Participant 5)
Common Humanity	$t(22) = -8.82$, $p < .001$ (baseline: $t(22) = 1.54$, $p = .138$)	Common Humanity	"I feel relieved to know I am not the only one facing this." (Participant 8)
Mindfulness	$t(22) = -4.99$, $p < .001$ (baseline: $t(22) = 0.81$, $p = .424$)	Mindfulness	"I have done my best, and the rest I leave to Allah." (Participant 6)
Overall Composite / Follow-Up	Composite score declined significantly from post-test to follow-up (MD = -0.85, 95% CI [-1.15, -0.55], $p < .001$); no longer different from baseline (MD = 0.11, 95% CI [-0.10, 0.32], $p = .275$)	Continued Islamic Coping and Emotional Regulation	"When facing problems, I sit quietly with my eyes closed and recite istighfar, remembering Allah for about five minutes; it helps me heal from that moment." (Participant 3)

Note. All quotations are attributed to de-identified participant codes (e.g., P5) rather than real names, consistent with the confidentiality protections approved under the study's ethics review. Quotations for Self-Kindness, Common Humanity, and Mindfulness were collected during programme delivery; the Overall Composite / Follow-Up quotation was collected separately at the three-month follow-up. No qualitative data were collected at pre-test. 95% confidence intervals for the quantitative results above are reported in Tables 2 and 4.

Qualitative Follow-Up Themes

At the three-month follow-up, open-ended responses from the intervention group continued to describe active use of Islamic coping practices, even though composite self-compassion scores had, by this point, declined to a level statistically indistinguishable from baseline (see Sustainability of Change Over Time in the Discussion). Participant 3 reported sitting quietly and reciting *istighfar* for about five minutes when facing problems, which helped her heal from that moment; Participant 4 said she now understood human nature better and could accept what happened; and Participant 8 described an easier capacity to let go of distress, either releasing it or finding a solution rather than clinging to it as before. To integrate the quantitative and qualitative findings, Table 5 presents a joint display aligning each self-

compassion subscale's statistical result with its corresponding qualitative theme and an illustrative, de-identified quotation.

DISCUSSION

The present pilot trial evaluated an Islamic-integrated Personal Growth Group designed to cultivate self-compassion through faith-based principles and structured group dynamics. The findings offer a mixed picture: the intervention produced a large, statistically significant short-term increase in self-compassion on the composite score and all three subscales, with qualitative accounts describing meaningful engagement with Islamic concepts such as *Qadar* and *Dhikr* as vehicles for self-kindness, common humanity, and mindfulness. However, contrary to the second hypothesis, these gains were not sustained: by the three-month follow-up, scores had declined significantly and were statistically indistinguishable from baseline. This pilot study therefore provides preliminary evidence of short-term change, not durability; confirmation would require a larger, adequately powered trial with longer or repeated follow-up. This study contributes to understanding of how Islamic principles and group counselling theory may jointly shape both the emergence and durability of self-compassion, an integration prior work has not examined empirically. The sections below interpret each finding through this integrated lens, treating Trotzer's (2013) Personal Growth Group model, the embedded Islamic constructs (*qadar, tawakkul, dhikr, rahmah, istighfar*), and Schön's (1983) theory of reflective practice as jointly responsible for the results, since the intervention was designed as a fusion of the two rather than a group-counselling protocol with religious material added on top.

Self-Kindness

Self-kindness subscale scores showed no baseline difference between groups, $t(22) = -0.29$, $p = .772$, but rose sharply in the intervention group by post-test, $t(22) = -5.06$, $p < .001$. The embedded qualitative theme of the same name corroborated this quantitative gain and illuminated the mechanism behind it: participants reframed self-forgiveness through the Islamic constructs of *rahmah* (mercy) and *istighfar* (repentance), reconceptualizing personal failure as ordinary rather than shameful. The qualitative data thus substantiate the statistical effect while providing contextual depth on its origin—Trotzer's (2013) group model supplied the interpersonal safety for disclosure, while the theological framework supplied the permission to forgive. This convergence is consistent with broader evidence linking religious devotion to self-regard (Guleryuz Erken et al., 2023), a correlational finding external to the present intervention design. A secular group would offer safety without this compassionate cosmology; Islamic teaching alone would lack the interpersonal occasion for enacting it. The self-kindness gain, in short, appears to reflect the convergence of both mechanisms operating within the same sessions.

Common Humanity

Common humanity demonstrated the largest between-group effect of the three subscales, $t(22) = -8.82$, $p < .001$, from an equivalent baseline, $t(22) = 1.54$, $p = .138$. The embedded qualitative theme corroborated this quantitative pattern and expanded on its psychological basis: participants reconceptualized suffering through two convergent frames rather than one—the interpersonal witnessing enabled by Trotzer's (2013) structured disclosure stage, and the theological reframing of hardship as *qadar* (divine decree), which recast personal failure as a shared spiritual trial. Neff (2003) treats common humanity as a relational construct; the qualitative data illuminate a theological dimension that this construct alone does not capture. A further point of convergence emerged in how participants processed this disclosure: several described questioning and reconsidering their own circumstances after hearing peers, a pattern consistent with Schön's (1983) theory of reflective practice. The magnitude of this effect, the

largest of the three subscales, appears best explained by this triple convergence of disclosure, cosmology, and reflection, rather than by any single mechanism.

Mindfulness

Mindfulness subscale scores likewise increased significantly more in the intervention group by post-test, $t(22) = -4.99$, $p < .001$, from a non-significant baseline difference, $t(22) = 0.81$, $p = .424$. The embedded qualitative data provide contextual depth on this result, indicating that the mechanism of change diverged from that of conventional secular mindfulness training: rather than introducing an unfamiliar attentional technique, the programme incorporated devotional practice—*dhikr* (remembrance of Allah) and *tawakkul* (reliance on Allah)—already familiar to participants. This finding corroborates Trotzer's (2013) account of the transformation stage as a structured, recurring occasion for practising new emotional responses, while illuminating the specific technique through which that practice occurred. A secular mindfulness protocol delivered in the same group format would have lacked this ready-made technique; dhikr practised outside the group would have lacked the interpersonal reinforcement that appeared to sustain it across sessions.

Sustainability of Change Over Time

Considered together, the three subscale findings support the study's first hypothesis: self-compassion increased significantly in the intervention group relative to the control group at post-test. The pattern changed markedly at follow-up. The composite score declined significantly from post-test to the three-month mark (mean difference = -0.85, 95% CI [-1.15, -0.55], $p < .001$) and was no longer significantly different from baseline (mean difference = 0.11, 95% CI [-0.10, 0.32], $p = .275$), contrary to the second hypothesis. Although the primary quantitative analysis indicates that these gains were not retained, the embedded qualitative data suggest a more nuanced picture: participants continued to describe active use of *istighfar*, mindful acceptance, and letting go of distress at follow-up (see Qualitative Follow-Up Themes above), indicating that some subjective sense of coping capacity persisted even as scores on the standardized measure reverted toward baseline. This discrepancy between the quantitative and qualitative records is itself informative rather than merely inconvenient: it suggests that the psychometric decline may index a loss of group-reinforced intensity and frequency of practice, rather than a wholesale loss of the underlying skill, at a level of subjective change the standardized scale may not be sensitive enough to detect. No single theoretical account covers this divergence alone. The immediate gain appears to have relied on a dual scaffold—the group's interpersonal presence (Trotzer, 2013) and socially reinforced religious practice—both of which were withdrawn simultaneously once the five-week program ended, plausibly explaining the measured decline; the continued qualitative reports suggest that the reflective insight itself, once internalized, may be more durable than the collective practice that produced it. This pattern is consistent with previous research: gains from mindfulness- and acceptance-based counselling are often not maintained without continued reinforcement (Rangsiannon, 2019; Rahayu et al., 2026), and Crego et al. (2025) found that Mindful Self-Compassion gains were sustained specifically because participants continued supervised practice for twelve months—a continuation not available here. Generating self-compassion and sustaining it, in other words, may be empirically distinct processes, and the latter appears to require ongoing structural support that this pilot program did not provide.

Implications

These preliminary findings suggest that Islamic-integrated group interventions can produce meaningful short-term improvements in self-compassion among Muslim social work students, and that program design should not assume such gains will be maintained without ongoing support. Three practical strategies could address this: brief booster sessions after the

programme ends (Crego et al., 2025), peer support networks to reinforce *dhikr* and *tawakkul* informally (cf. Rahayu et al., 2026), and extending the intervention itself (e.g., spacing sessions over a longer period). Counseling professionals working with Muslim populations may find the manualized ten-session model a useful starting point, but should treat these findings as short-term feasibility evidence only, pending replication with longer follow-up in larger, more diverse samples. Until further tested, the present findings offer evidence of short-term change, with the mechanism for sustaining it beyond three months remaining an open, directly addressable question.

Limitations and Future Directions

This pilot study has several limitations. First, the sample was small (N = 24) and drawn from a single university, which limits the generalizability of the findings. Second, and most importantly, follow-up scores had declined significantly from post-test and were no longer different from baseline, which qualifies the intervention's promise and should be weighed against the positive post-test results. Third, because the control group was offered the program after post-test for ethical reasons, no between-group comparison was possible at follow-up; the observed decline is therefore a within-group finding only, and it is unclear whether a no-treatment control would have shown a different trajectory. Fourth, randomization sequence generation and allocation concealment were not formally documented, and blinding was not feasible given the nature of group counseling; future trials should pre-register and report these elements fully. Fifth, the principal investigator served as both intervention deliverer and outcome evaluator, which—despite external supervision—introduces potential bias that an independent or blinded assessor would mitigate. Sixth, the divergence between declining standardized scores and continued positive qualitative reports at follow-up may partly reflect social desirability, since open-ended responses were not anonymous in the way scale responses were; future studies should consider anonymized qualitative follow-up to disentangle genuine coping from self-presentation.

Seventh, reflexivity is warranted given the qualitative component of this design. The principal investigator is herself a Muslim researcher trained in counseling psychology, a positionality that likely aided rapport and cultural fluency during data collection but may also have predisposed the coding process toward confirming an Islamic-integration narrative. This risk was partly addressed through member checking with participants and peer debriefing with the expert panel (see Instruments, above), though it was not possible to include a coder external to the Islamic counseling framework, and this remains a source of potential interpretive bias that future studies should address through independent, religiously heterogeneous coding teams. Beyond positionality, the researcher's personal commitment also shaped how these findings are framed here and should be disclosed accordingly: the researcher views this pilot as valuable precisely because it points toward drawing out students' spiritual resources as a source of professional resilience, one that could help future social workers sustain the emotional demands of practice rather than be depleted by them, particularly given the priority the field places on preparing students for professional readiness before they enter practice. This conviction motivated the intervention as a genuine curricular possibility rather than a purely academic exercise, and it is disclosed so that readers can weigh the qualitative interpretation accordingly. Realizing this potential, in the researcher's assessment, would require a more intensive and longer-term intervention than was tested here, ideally embedded within formal social work curricula for Muslim students, who represent the second-largest religious group worldwide; such integration could offer a structured tool for personal growth carried forward into professional practice.

Future research should replicate this study with larger, more diverse samples across different regions or Islamic educational contexts, include a no-treatment control group followed

to the same time point, and explicitly test whether booster sessions or continued peer-support networks can protect gains over time. Given the clear post-test benefit but unclear durability observed here, follow-up assessments at multiple intervals (e.g., one, three, and six months) would help clarify the trajectory of decline and identify the point at which reinforcement may be most needed. Future studies should employ larger multicenter randomized trials with longer follow-up periods.

CONCLUSION

Social work students frequently encounter significant academic and emotional challenges; however, culturally responsive interventions to foster their psychological resilience remain scarce. By integrating Islamic principles within a structured Personal Growth Group, this pilot study evaluated a tailored approach to cultivate self-compassion among Muslim students in Thailand's southern border provinces. The intervention produced a substantial and statistically significant short-term improvement in self-compassion, including on all three of its components, and participants' qualitative reflections indicated meaningful engagement with Islamic practices such as Dhikr and the understanding of Qadar. However, at the three-month follow-up, these gains were not sustained—scores declined significantly from post-test and returned to a level statistically indistinguishable from baseline. Taken together, the findings support the short-term feasibility and acceptability of this faith-based group intervention but do not establish evidence of sustained effectiveness. Confirmation of any lasting benefit, and identification of strategies to sustain it, will require larger, adequately powered trials with longer or repeated follow-up before firmer conclusions can be drawn.

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AUTHOR CONTRIBUTION STATEMENT

SPi and PC conceptually designed and planned the study. SPi carried out the primary research implementation and data collection in all stages, under the supervision and guidance of PC as the principal advisor, with additional consultative support from SPu. For the quantitative data, SPi conducted the analysis, while PC, SPu, and BS verified and edited the analytical results. For the qualitative data, SPi and PC jointly analyzed the findings. PC drafted the original manuscript and led its critical revision. All other authors critically reviewed, edited, and provided feedback on the manuscript. All authors have read, verified, and approved the final version of the manuscript for submission.

REFERENCES

Abdul-Rahman, Z. (2017). *Islamic spirituality and mental well-being*. Yaqeen Institute for Islamic Research. https://yaqeeninstitute.org/wp-content/uploads/2017/03/Islamic-Spirituality-and-Mental-Well-Being-revised.pdf

Beddoe, L., Baker, M., Cox, K., & Ballantyne, N. (2023). Mental health struggles of social work students: Distress, stigma, and perseverance. *Qualitative Social Work, 23*(5), 813-832. https://doi.org/10.1177/14733250231212413

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Lawrence Erlbaum Associates.

Crego, A., Yela, J. R., Gómez-Martínez, M. Á., Sánchez-Zaballos, E., & Vicente-Arruebarrena, A. (2025). Long-term effectiveness of the Mindful Self-Compassion programme compared to a Mindfulness-Based Stress Reduction intervention: A quasi-randomised controlled trial involving regular mindfulness practice for 1 year. *Frontiers in Psychology, 16*, 1597264. https://doi.org/10.3389/fpsyg.2025.1597264

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approach* (5th ed.). SAGE Publications.

Creswell, J. W., & Plano Clark, V. L. (2018). Designing and conducting mixed methods research (3rd ed.). SAGE Publications.

Dehghanizadeh, A., Azadi, M., Talebian Sharif, J., & Khoshniat, N. (2024). The effectiveness of Islamic spiritual dignity therapy on self-compassion and self-esteem of single-parent Iranian adolescents. *Journal of Spirituality in Mental Health, 26*(2), 165–179. https://doi.org/10.1080/19349637.2023.2193353

Dima, G., Mesesan-Schmitz, L., & Simon, M. (2021). Job stress and burnout among social workers in the VUCA world of COVID-19 pandemic. *Sustainability, 13*(13), 7109. https://doi.org/10.3390/su13137109

Faul, F., Erdfelder, E., Lang, A.-G., & Buchner, A. (2007). G*Power 3: A flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods, 39*(2), 175–191. https://doi.org/10.3758/BF03193146

Ghorbani, N., Watson, P. J., Chen, Z., & Norballa, F. (2012). Self-compassion in Iranian Muslims: Relationships with integrative self-knowledge, mental health, and religious orientation. *International Journal for the Psychology of Religion, 22*(2), 106–118. https://doi.org/10.1080/10508619.2011.638601

Guleryuz Erken, H., Francis, L. J., & McKenna, U. (2023). Love for Allah and love for self: Exploring the connection between religious affect and self-esteem among Muslim adolescents in England. *Journal of Beliefs & Values, 44*(1), 99–109. https://doi.org/10.1080/13617672.2021.2018215

Hopewell, S., Chan, A.-W., Collins, G. S., Hróbjartsson, A., Moher, D., Schulz, K. F., Tunn, R., Aggarwal, R., Berkwits, M., Berlin, J. A., Bhandari, N., Butcher, N. J., Campbell, M. K., Chidebe, R. C. W., Elbourne, D., Farmer, A., Fergusson, D. A., Golub, R. M., Goodman, S. N., ... Boutron, I. (2025). *CONSORT 2025 statement: Updated guideline for reporting randomised trials*. *BMJ, 389*, e081123. https://doi.org/10.1136/bmj-2024-081123

Kotera, Y., Van Gordon, W., & Kotera, Y. (2021). Effects of self-compassion training on work-related well-being: A systematic review. *Frontiers in Psychology, 12*, 630798. https://doi.org/10.3389/fpsyg.2021.630798

Lincoln, Y. S., & Guba, E. G. (1985). Naturalistic inquiry. SAGE Publications.

Maktar, A., Sidik, M. S. M., Yahya, F., & Awang, A. (2025). Self-compassion from an Islamic lens: Fostering mental well-being. *Journal of Spirituality in Mental Health*, 1–26. https://doi.org/10.1080/19349637.2025.2473048

Maurer, M. M., Maurer, J., Hoff, E., & Daukantaitė, D. (2023). What is the process of personal growth? Introducing the Personal Growth Process Model. *New Ideas in Psychology, 70*, 101024. https://doi.org/10.1016/j.newideapsych.2023.101024

Neff, K. D. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity, 2*(2), 85–101. https://doi.org/10.1080/15298860309032

O'Cathain, A., Murphy, E., & Nicholl, J. (2008). The quality of mixed methods studies in health services research. *Journal of Health Services Research & Policy, 13*(2), 92–98. https://doi.org/10.1258/jhsrp.2007.007074

Palys, T. (2008). Purposive sampling. In L. M. Given (Ed.), *The Sage encyclopedia of qualitative research methods* (Vol. 2, pp. 697-698). SAGE Publications.

Rahayu, S., Chodidjah, S., & Hayati, H. (2026). The effectiveness of self-compassion–based interventions on mental health in adolescent populations: A systematic review. *Malahayati International Journal of Nursing and Health Science, 9*(3), 486–494. https://doi.org/10.33024/minh.v9i3.3102

Rangsiannon, S. (2019). The effectiveness of mindfulness and acceptance-based counseling on self-compassion and resilience among university students. *Journal of Counseling and Psychology, 11*(2), 45–61.

Rizal, F., Egan, H., Cook, A., Keyte, R., & Mantzios, M. (2020). Examining the impact of mindfulness and self-compassion on the relationship between mental health and resiliency. *Current Issues in Personality Psychology, 8*(4), 279–288. https://doi.org/10.5114/cipp.2020.100792

Schön, D. A. (1983). *The reflective practitioner: How professionals think in action*. Basic Books.

Sessions, L., Robertson, N., Jones, C., & Welham, A. (2024). Self-compassion in qualified and student social workers: A systematic literature review and meta-analysis. *International Journal of Inclusive Education, 28*(1), 76–103. https://doi.org/10.1080/26408066.2024.2439267

Tasee, P. (2017). *Study and enhancement of self-compassion among social work students through group counseling* [Doctoral dissertation, Srinakharinwirot University]. http://thesis.swu.ac.th/swudis/Res_Hum/Parinda_T.pdf

The jamovi project. (2022). jamovi (Version 2.3) [Computer software]. https://www.jamovi.org

Thyer, B. A. (2012). *Quasi-experimental research designs*. Oxford University Press.

Trotzer, J. P. (2013). *The counselor and the group: Integrating theory, training, and practice* (4th ed.). Routledge. https://doi.org/10.4324/9780203956724

Zessin, U., Dickhäuser, O., & Garbade, S. (2015). The relationship between self-compassion and well-being: A meta-analysis. *Applied Psychology: Health and Well-Being, 7*(3), 340–364. https://doi.org/10.1111/aphw.12051

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