

# A Study on the Impact of Spiritual Therapy Training on Self-Esteem in Multiple Sclerosis patients

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## ABSTRACT

**Background:** Multiple sclerosis affects the self-esteem of patients by altering the mental image of the body. **Aim:** To determine the effect of spiritual therapy training on self-esteem in multiple sclerosis (MS) patients.

**Methods:** This study was a randomized clinical trial in MS patients in 2018. The population included all patients of MS Jahrom Clinic. The sample consisted of 60 subjects'. The Cooper Smith self-esteem questionnaire was used before and after training. The spiritual therapy training group received 8 sessions of in-person training.

**Results:** The results showed that unlike the control group, the mean scores of self-esteem in the training group changed significantly after the intervention. Also, we reported that the mean score of self-esteem of each group was significantly different from the other after the intervention ( $p = .001$ ).

**Conclusions:** it is recommended that this spiritual treatment be implemented in MS associations across the country as a non-pharmacological complementary therapy to increase self-esteem and improve quality of life and consequently to cope more with the disease.

**Keywords:** Spiritual therapy, multiple sclerosis, self esteem

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## INTRODUCTION

Multiple sclerosis is a chronic progressive disease related to the central nervous system<sup>1</sup> which is predominantly prevalent in individuals aged 18-45 years, causing impaired individual and social functioning of the patient<sup>2</sup>.

The rate of MS in Iran is as high as 50 per 100,000<sup>3</sup>. According to Iran MS Association in 2017, there were an estimated 40 to 50,000 people suffering from the disease<sup>4</sup>. The prognosis of the disease is unknown and patients experience a variety of variable physical and psychological symptoms resulting from the disorder; it severely affects daily functioning, social and family life, functional independence, future planning and in general severely destroys a person's sense of well-being<sup>5</sup>.

About 80% of patients develop some degrees of disability and only one in five patients remains stable and does not progress to disability. It can be concluded that this disease can cause psychological and mood symptoms and disorders due to the chronic nature of it and lack of definite prognosis in the patient. Studies show that patients with multiple sclerosis have significantly higher levels of mental disorders such as depression, stress, and anxiety than healthy individuals<sup>6</sup>.

These symptoms may be due to the direct effects of inflammation and demyelination of the nerves or due to the chronic and unpredictable psychiatric effects of multiple sclerosis. Psychological manifestations of this disorder include anxiety, stress, depression, cognitive impairments, irritability and anger. Decreased self-esteem is evident in most patients.

Self-esteem is a basic need. Maslow believes that ignoring the need for self-esteem causes feelings of inferiority, weakness and helplessness. Positive self-esteem creates a powerful inner strength that enables the person to face life's problems more effectively. Self-esteem or a sense of self-worth is a vital asset and value and is

one of the major contributors to the growth of talent and creativity.

Achiron believes that a patient with MS is severely affected by mental disorders in the early stages of the disease that effectively endanger their self-esteem<sup>9</sup>.

Chiovetti believes that patients with MS suffer from severe anxiety and cognitive disorders due to the bombardment of their information regarding diagnosis, treatment and care. In 50% of them self-esteem is reduced and they prevent themselves from participating in the society<sup>10</sup>.

Shevli believes that self-esteem problems in MS patients lead to a decrease in function and disability. MS sufferers are young, productive and dependent on others due to problems such as urinary and stool incontinence. They find the dependence irritating and their self-confident and self-esteem impaired.

In this regard, numerous studies have shown that spiritual counseling and treatments can promote mental health and self-esteem. For instance, the study by Aghaali et al<sup>12</sup> on investigating the effect of counseling by the cognitive-behavioral group with emphasis on spiritual thoughts in MS patients, Yaghoubi et al<sup>13</sup> on evaluating the effectiveness of cognitive-behavioral therapy and spiritual-religious psychotherapy based on Islamic teachings and Rahmati et al.'s study on the effect of spiritual-religious group therapy on schizophrenia showed that spirituality improves mental health<sup>14</sup>.

The importance of dealing with spirituality stems from the fact that spiritual needs and tendencies are considered to be among the most inevitable and transcendent human needs (15). Religion and spirituality have effects on physical and mental health. (16) Spirituality is an aspect of man that expresses his connection and integration with the universe. This connection gives hope and meaning to man and transcends him beyond the limits of time, place and material interests<sup>17</sup>. Spirituality is a coping strategy where

one can maintain balance when faced with any sort of failure or difficulty<sup>18</sup>.

Smith (2005) has shown that spirituality is necessary to adapt to the living environment, including working conditions, and that the highly spiritual ones have a higher tolerance for stress and life pressures and are able to adapt better<sup>19</sup>.

Since chronic diseases, including MS, affect all economic, financial, social and emotional aspects of the individual, family and community, therefore, only chemotherapy and controlling the disease periods and stages of these patients is not sufficient and nurses, considering their critical role in the rehabilitation of patients, can help them to improve their ability to perform daily activities. (20) On the other hand, nurses, as health care providers, have an important role in creating inner peace, hope and support for patients. As nurses are more accessible to patients, they can spend more time on counseling, which can lead to complete counseling. In fact, counseling and education are important components of nursing services<sup>21</sup>.

However, research in the field of spiritual counseling in patients, and in particular the important index of self-esteem, is very limited. On the other hand, the spiritual counseling in these studies is proportionate to the culture of those societies, which is very different from the Islamic-Iranian culture of our society. Therefore, due to the complications and consequences of multiple sclerosis, including self-esteem decrease and lack of adherence to treatment, patients' willingness to die, suicidal ideation, imposing significant costs on families and the health system of the country and the rich Islamic culture of Iran's society, the purpose of this study was to determine the effect of spiritual therapy training on the self-esteem of multiple sclerosis patients in Iran.

#### Method of Implementation

##### Type of study, population under study and sampling:

This experimental-clinical trial study was performed on all patients referring to Jahrom MS clinic for medical services. Sample size, which is based on studies available in the field, uses easy and available sampling method and takes into account type I error ( $\alpha$ ): 0.05, power ( $\beta$ -1): 80%, accuracy rate (d) or effect size: 0.831, was considered 24 individuals in each group and 30 individuals in each group with 15% chance of falling.

## METHOD

After receiving the approval of the Ethics Committee and obtaining permission from the Jahrom School of Nursing Vice Chancellor and coordinating with the MS Jahrom Clinic, the researcher was present regularly on various days of the week. In the first step, the samples were selected according to inclusion and exclusion criteria and after explaining the purpose of the study and obtaining informed consent form, they entered the study knowingly. Then, 60 samples were randomly divided into experimental and control groups. The experimental group received 8 sessions of spiritual therapy twice a week for 60 minutes (Appendix 1). Before and after the training sessions they were provided with Cooper Smith standard of self-esteem questionnaire which was completed by them. If the subjects were not able to complete the questionnaire, the

researcher would read the questions to them and record their views in the questionnaire fully. The control group received only routine care at the MS clinic. At the end, the control and experimental groups completed Cooper Smith's standard self-esteem questionnaire and then the effect of spiritual therapy training on self-esteem in multiple sclerosis patients was compared between the two groups.

#### Inclusion criteria:

1. Not having any other acute or chronic physical disorders (heart, respiratory, liver, musculoskeletal, kidney) and disorders of speech or hearing
2. Being literate
3. Completing the informed consent form to participate in the study

#### Exclusion criteria:

1. Having a history of participating in spiritual education and stress management training programs over the past 6 months
2. Being ill with MS for less than 6 months
3. Incomplete follow-up period.

**Data Collection Tool:** Cooper Smith Self-esteem Questionnaire: The Cooper Smith Self-Esteem Questionnaire, a 25-item short form for adults, was developed by Cooper Smith in 1975 from the original Cooper Smith Self-esteem Test Form 1976 (22). Reliability of the test was determined by split-half methods, Cronbach's alpha and Gutman. The coefficients of this test were  $r = -0.87$ ,  $r = -0.85$  and  $r = -0.80$  respectively (23 and 24)

The rating is as follows. From Question 1 to Question 16, each Yes answer is given one score and no score will be given to No answers. From Question 17 to Question 25, each No answer is given and one score and no score is given to Yes answers. A total score of 17 to 25: Self-esteem is very low; in fact one does not trust himself at all. 8-16: One's feelings about himself are not stable. Sometimes he is satisfied with what he is or does, and sometimes he is skeptical of himself with the slightest word or criticism from others. Score below 7: Self-confidence is excellent. Data analysis was performed using descriptive statistics indices and Covariance analysis statistical tests and paired t-test and using SPSS 19 software.

#### Treatment sessions and the title of the sessions

**First session:** Introducing members to each other and discussing the concept of spirituality and religion and its impact on one's life.

**Second session:** The effect of faith and trust on reducing psychological problems such as anxiety and depression.

**Third session:** Spiritual imaging / progressive muscle relaxation: The session focused on imaging as well as relaxation using Johnson's relaxation technique along with listening to soothing music (the sound of nature and rain).

**Fourth session:** The role of patience in enduring hardships and troubles / the role of patience in trusting God.

**Fifth session:** Book therapy / reading the Quran / listening to the voice of the Holy Quran: The patient recited the Holy Quran. He also listened to a tape containing the recitation of selected surahs of the Holy Qur'an (Al-Waqi'ah, An-Naba', Ar-Rahman) with the voice of master Abdul Basit for 20 minutes.

**Sixth session:** Prayer therapy strategy to reduce psychological problems and increase self-esteem: The importance of prayer and its role in mental health and future self-esteem were discussed were discussed.

**Seventh session:** Writing a diary / Spiritual self-disclosure: The necessity of writing down your daily activities and memories over a 24-hour period and providing strategies for resting one's life and soul.

**Eighth session:** Forgiveness / Definition of repentance and its conditions

## RESULTS

In our study, 70% of the population in the experimental group and 66.7% in the control group were women (P:0 / 2). 76.7% of the experimental group and 63.3% of the control group were single. Employment rate was 36.7% in the experimental group and 53.3% in the control group (P: 0 / 6). Most members in both groups had high school diplomas. (P: 0 / 7) 46.7% of the experimental group and 70% of the control group reported average income. In general, both groups were homogeneous in terms of demographic characteristics. The frequency distribution of some demographic characteristics is shown in Table 1. Paired t-test results showed that unlike the control group, the mean scores of self-esteem in the training group changed significantly after the intervention (Tables 3 and 2). Also, the independent t-test reported that the mean score of self-esteem of each group was significantly different from the other after the intervention (p=.001) (Table 4).

Table 1: Frequency distribution of patients participating in the study based on demographic characteristics of the patients in two groups: spiritual therapy training, control

Group Variable	Spiritual Therapy training (n=30)	Control (n=30)	P value
Age	38.43±9.81	38.43±9.62	.51
No. of family members	6.24±1.66	6.32±1.51	.75
Duration of MS (Month)	23.77±11.60	19.20±9.99	.54

Table 2: Comparison of mean scores of self-esteem in MS patients in spiritual therapy training group

Time	Mean	SD
Before intervention	13.7	2.59
After intervention	9.80	2.38

P value <0/001

Table 3: Comparison of mean scores of self-esteem in MS patients in control group

Time	Mean	SD
Before intervention	13.27	2.66
After intervention	13.83	2.80

P value <0.141

Table 4: Comparison of the mean scores of self-esteem in MS patients between spiritual therapy training group and control group after intervention

Time	Spiritual Therapy Training	Control
	SD ± Mean	SD ± Mean
After intervention	9.80±2.38	13.83±2.80

P value <0.001

## DISCUSSION

Many physicians nowadays recognize faith and spirituality as important sources of physical health and well-being so that they are often aware of the fact that they have to consider patients' spiritual issues in the process of treatment<sup>25</sup>.

The purpose of this study was to investigate the effect of spiritual education on self-esteem in multiple sclerosis patients. The results showed that education about mental health, self-esteem and self-worth, different aspects of self-esteem, spirituality and prayer therapy, and ways of enhancing self-esteem were effective on MS patients.

Numerous studies have investigated the effect of spiritual therapy on chronic illnesses. Engel et al<sup>26</sup> who investigated the effectiveness of spiritual religious coping strategies in cancer patients showed that using religious and spiritual resources in order to cope with the disease is common in cancer patients and in particular life-threatening diseases.

Tagizadeh et al. (2007) have also shown in their research that the use of spirituality in group therapy is one of the important and effective factors that can be effective in promoting social support, adjustment and adaptation in health related matters<sup>27</sup>.

In the study of Peymanee et al. (2012), the results showed that there is a positive relationship between internal religiosity, spiritual health, hope and other positive moods, and a negative relationship with depression and other negative moods<sup>28</sup>.

Overall, the results of studies examining the impact of a health promotion and self-esteem program on MS patients are consistent with the results of the present study<sup>29</sup>.

Other studies have suggested that spirituality is associated with physical, mental health, and the promotion of adaptation to illness. The results of a study by Groh et al. on AIDS patients showed that those who found meaning in life based on spirituality through the illness had a better quality of life compared to the time of diagnosis<sup>30</sup>. Also, in the study of Wilson et al on MS patients, spiritual beliefs and faith were found to be beneficial in coping with the disease<sup>31</sup>.

Considering the above, focusing on the concept of spirituality and spiritual health as aspects that have received little attention and their impact on different aspects of life in chronic diseases seems to be necessary.

Considering the available facilities, different educational methods can be used in patients with MS. One of the advantages of the present project was the use of group education as an educational strategy. The choice of an appropriate educational approach is likely to depend on several factors such as time, facilities, costs, number of trainees, and so on.

## CONCLUSION

According to the results, it can be said that spiritual therapy training is significantly effective in increasing the self-esteem of women with MS. Therefore, it is recommended that this treatment be implemented in MS communities across the country as a non-pharmacological complementary therapy to increase self-esteem and

improve quality of life and consequently to cope more with the disease.

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**Limitations:** One of the limitations of the present study was the patient' reluctance to cooperate due to tiredness and debases. To raise the patient' interest, the researchers thoroughly informed them about the significance of the study and its potential contribution to the advancement of the nursing program.

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