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# The effectiveness of spiritual therapy on self-esteem and emotion regulation in women with weight management disorder

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A B S T R A C T

**Objective:** The current research aimed to examine the effectiveness of spiritual therapy on self-esteem and emotion regulation in women with weight management disorder.

**Methods and Materials:** This study was a quasi-experimental design with pre-test, post-test, and follow-up with a control group. The population of this research included all women attending weight loss clinics in the city of Yazd in the year 2023. The sample consisted of 30 women from these clinics. Sampling was purposive and randomly assigned to either an experimental or control group. Data were collected using the Coopersmith Self-Esteem Scale (1981) and Gratz and Roemer's (2004) Emotion Regulation scale. Cognitive therapy based on John Big's (2015) multidimensional spiritual treatment protocol was conducted in 12 sessions of 90 minutes each, once a week; however, the control group did not receive any intervention. Data analysis was performed using a mixed-design ANOVA with repeated measures in SPSS-26.

**Findings:** The findings indicated that spiritual therapy significantly impacts self-esteem ($F=16.95$, $P<0.001$) and emotion regulation ($F=16.95$, $P<0.001$) in women with weight disorder.

**Conclusion:** It can be concluded that spiritual therapy is effective in improving self-esteem and emotion regulation in women with weight management disorder. Therefore, these approaches can be used alongside medical interventions in treatment centers.

***Keywords:*** *spirituality therapy, self-esteem, emotion regulation, weight management, women.*

## 1. Introduction

The relationship between obesity and overweight and psychological disorders has emerged from discussions among researchers and clinical therapists. Some studies indicate that there is a significant relationship between overweight and an increase in psychiatric symptoms, and between obesity and psychiatric disorders over the lifespan (Farías-Trujillo, 2022). Interestingly, obese individuals who are actively seeking treatment for weight loss experience

more psychological disturbances than those who are not (Uribarri-Gonzalez et al., 2023). Psychiatric disorders, acute psychological stressors, negative self-thoughts, and more chronic psychological and personality issues can all lead to obesity and overweight. Many psychological issues can act as a primary and constant factor causing obesity, and obesity itself can lead to many adverse psychological consequences and dissatisfaction with life (Annesi, 2023). One of the problems for individuals with obesity is a decrease in self-esteem (Reddy et al., 2020). Self-esteem stems from a sense of worthiness and confidence in oneself and one's abilities, thus self-esteem is an individual assessment that causes a person to pay attention to themselves (Byth et al., 2022). Self-esteem means how people think about themselves, how much they love themselves, how satisfied they are with their performance, especially in terms of their social and educational life, and the extent of alignment and closeness between their ideal self and their real self (Parsakia, 2023; Parsakia & Darbani, 2022). Binge eating can emerge to compensate for emotional regulation problems in obesity but can also exacerbate emotional regulation problems by limiting the number of more effective strategies (Overall et al., 2020; Salehpour et al., 2020; Willem et al., 2019). Studies consistently show that emotional eating is associated with negative emotions such as anger, depression, boredom, anxiety, and loneliness and often occurs in connection with stressful periods of life. Emotional eating is prevalent in all different social classes and among both women and men (Willem et al., 2019). Indeed, emotional eating in individuals depends on whether adaptive response strategies are accessible to the individual (Debeuf et al., 2020).

For improving the characteristics of individuals with obesity, different psychological interventions exist. One of the effective therapeutic methods for the traits of individuals with obesity is spiritual therapy (Leung, 2022; Mulay & Jaganathan, 2020; O'Sullivan & Lindsay, 2022; Parattukudi et al., 2022). Spiritual therapy is a type of behavioral therapy that emerged within the context of traditional psychotherapeutic situations and reflects the increasing interest of therapists in modifying cognition as an effective factor on emotions and behaviors (Ajele et al., 2021; Aman et al., 2021; Mohammadipour et al., 2021). The goal of spiritual therapy is to correct misconceptions, foster a sense of control over life, facilitate positive and constructive self-talk, and strengthen coping skills (Marashi et al., 2018; Parattukudi et al., 2022).

To date, spiritual therapy has been recognized as one of the best-proven treatments for obesity (Farías-Trujillo, 2022). The therapist helps individuals to identify their cognitive distortions and replace them with more positive and realistic ways of thinking. The success of spiritual therapy also depends on its two main components: cognitive and behavioral. Cognitive components focus on the preparation of necessary and sufficient information about health outcomes, and behavioral components emphasize the processes of goal regulation, skill-building, providing incentives, and gaining awareness (Aman et al., 2021; Giannone & Kaplin, 2020). Cognitive-behavioral components significantly impact inefficient eating behaviors and enhance individuals' ability to take responsibility for all their behaviors. Consequently, these factors cause spiritual therapy to have a significant effect on increasing self-esteem (Jacob et al., 2018). Furthermore, spiritual therapy challenges negative thoughts such as self-blame and guilt and replaces them with logical thoughts such as positive re-evaluation. This method asks individuals to emphasize and practice this aspect, thus cognitive-behavioral therapy can have a significant effect on improving cognitive regulation of emotions (Thomas et al., 2021). Eating disorders and obesity are characterized by daily maladaptive patterns, including cognitive distortions and a cycle of defective behavior, such that the incorrect pattern of eating penetrates the individual, home, and social environment. Therefore, spiritual therapy uses behavioral therapy techniques to adjust behaviors by changing antecedents and consequences and designs a combination of cognitive-behavioral techniques to identify, evaluate, and ultimately reconstruct inefficient cognitions and beliefs. Moreover, spiritual therapy employs strategies to ensure that skills and behaviors learned in therapy are generalized to everyday life and remain sustainable over time (Byth et al., 2022).

Given the aforementioned, it can be said that spiritual therapy, as research has shown, is one of the effective methods of intervention in obesity and many studies have considered this method as one of the most important for reducing the negative consequences of obesity and generally, spiritual therapy is an effective treatment in improving the lifestyle of individuals (Majcher et al., 2023). Thus, the current study seeks to answer whether spiritual therapy is effective in improving self-esteem and emotion regulation in women with weight management disorder.

## 2. Methods and Materials



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### 2.1. Study Design and Participants

The methodology of the present study was a quasi-experimental design with pre-test, post-test, and a control group, including a four-month follow-up period. The population comprised all women attending weight loss clinics in Yazd city. The sample included 30 women who were willing to participate in the study and were selected through purposive sampling. Subsequently, 15 participants were randomly assigned to the control group and 15 to the intervention group (spiritual therapy). They were homogenized in terms of age and educational level, and this homogeneity was confirmed through a two-sample t-test and Chi-square test. Inclusion criteria included individuals with weight management disorder and obesity based on obesity assessment criteria, informed consent and willingness to participate in sessions, a minimum education of middle school, and not undergoing any other concurrent psychological or non-psychological treatment. Exclusion criteria included absence from more than two sessions, non-cooperation during therapeutic sessions, participation in other concurrent psychological treatment programs, and receiving individual counseling.

### 2.2. Measures

#### 2.2.1. Self-Esteem

Designed by Coopersmith in 1981, this questionnaire contains 58 items, including 8 lie detector items, responded to with 'yes' (score 1) or 'no' (score 0). It comprises four subscales: personal (general) self-esteem, social (peer) self-esteem, family self-esteem, and academic (school) self-esteem, with a total score range from 0 to 58, where higher scores indicate greater self-esteem. Its validity and reliability are proven by many researchers (Asadpour & Veisi, 2019; Basharpoor et al., 2021; Coudevylle et al., 2011).

#### 2.2.2. Emotion Regulation

The scale introduced by Gratz and Roemer (2004) was used to measure difficulties in emotion regulation. This questionnaire has 36 items and 6 subscales, including non-acceptance of emotional responses, difficulties in goal-directed behavior, impulse control difficulties, lack of emotional awareness, limited access to emotion regulation strategies, and lack of emotional clarity. It uses a 5-point Likert scale. Items 7, 6, 2, 1, 8, 17, 10, 20, 22, 24, and 34 are reverse scored. Scores range from 36 to 72 indicating low difficulty in emotion regulation, 72 to 108 for moderate difficulty, and above 108 for high difficulty (Gratz & Roemer, 2004). Many researchers have confirmed the reliability and validity of this scale (Willem et al., 2019).

### 2.3. Intervention

#### 2.3.1. Spiritual Therapy Training Package

The spiritual therapy training package have been implemented according to the literature.

**Table 1**

*Spiritual Therapy Training Sessions*

| Sessions | Content |
|---|---|
| First | Introduction to psychological methods and multidimensional spiritual treatment, gaining consent, formulation (formulation techniques), therapeutic goal-setting based on problem and spiritual goal-setting, goals must be specific, measurable, attainable, realistic, and time-bound (SMART or DANDOZ technique), goals are converted to daily measurable indicators (technique of preparing a personal questionnaire) |
| Second | Review of goals if necessary, the hypothesis of natural intelligence's compulsory judgment during action and self-regulation or voluntary human control, group or individual discussion, bringing counterexamples (cases where the mind rules 'I don't know' meaning it needs knowledge, we shouldn't act), recognizing the actions of the mind against action, two actions, one cognitive action I know good (approach) or bad (turn away) (second action control or self-regulation (I don't know so stop)), implementing the island technique, summarizing, performing a worksheet |
| Third | Reviewing experiences, discussion: If the mind discerns so well, why don't we trust it? Summary: Ways to trust the inner discernment, practice and perform worksheet |
| Fourth | Reviewing experiences, what conditions prevent us from acting on the mind's discernment? Recognizing barriers to the mind, summarizing, performing worksheet |
| Fifth | Review of previous session experiences, recognizing thinking structure, identifying logical errors, recognizing and changing intermediate thoughts and negative or non-spiritual rules and principles, recognizing and changing fundamental thoughts, performing worksheet |
| Sixth | Connecting with oneself, whether there is an initiator and finisher before, during, and after everything, and what are the consequences of its existence or denial? Repeating the island exercise with humans and discovering the meaning of beginning and end. Recording experiences Is there a God? Proof or denial? If you can't prove God, then try to deny Him (without using what you've learned). Discovering God with natural intelligence, spiritual commitment of the individual to oneself, recognizing the singular God, summarizing, practicing worksheet |
| Seventh | Relation to the previous session, expressing any perception of God, expressing the history of their formation, analyzing participants, observing and analyzing life conflicts and their relation to spiritual conflicts, performing worksheet |



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| | |
|---|---|
| Eighth | Expressing experiences, if there is no problem continuing, continue, otherwise continue the previous session; rewriting individual images of God, striking them all due to lack of credibility and referencing a Quranic verse, presenting a new challenge How can we have a valid understanding of God? Summarizing and performing a worksheet focused on de-conceptualizing and discovering God-concept |
| Ninth | Expressing experiences (this stage's experiences are somewhat challenging and worrying), a stimulating question: What do you think is the best way to understand something about which you have general knowledge? Discussion (usually the discussion leads to the best source being God Himself and the Quran, unless someone does not accept the Quran or heavenly books), summarizing and performing a worksheet about searching in valid religious sources, especially the Quran and not philosophical discussions |
| Tenth | Expressing experiences, my relationship with the real God: How did He create me? Logical discussion: Does indirect creation make sense? Spiritual discussion: What does God say about our creation? Processing spiritual discussion and its effects, summarizing, performing a worksheet |
| Eleventh | Expressing experiences, is it possible that God has no plan or care for His creation? Spiritual evidence of lordship (guidance, sustenance, management, God's ownership) Why does God's lordship help our mental health? Exploring valid and conceptual lords, summarizing, performing a worksheet |
| Twelfth | Expressing experiences, who can set the best happiness plan for humans? What is the validity of life plans based on? Exploring possible plans, comparing plans, the importance of the elective nature of the life plan, summarizing, performing a worksheet |

### *2.4. Data analysis*

The data obtained from the study were analyzed using SPSS version 26 and the statistical method of analysis of variance with repeated measurements.

## 3. Findings and Results

The mean ± standard deviation of age in the spiritual therapy group was 39.4 ± 4.50 and for the control group, it was 38.3 ± 4.89.

**Table 2**

*Results of Mean and Standard Deviation*

| Variable | Group | Pre-test | Pre-test | Post-test | Post-test | Follow-up | Follow-up |
|---|---|---|---|---|---|---|---|
| | | M | SD | M | SD | M | SD |
| **Self-esteem** | Spiritual Therapy | 36.4 | 3.46 | 44 | 4.53 | 44.1 | 4.64 |
| | Control | 37.3 | 5.13 | 37.6 | 4.82 | 37.4 | 4.71 |
| **Emotion Regulation** | Spiritual Therapy | 61.2 | 3.69 | 49.6 | 3.43 | 50.8 | 3.20 |
| | Control | 64.06 | 3.76 | 61.8 | 3.89 | 65.06 | 3.78 |

As observed in Table 2, the post-test and follow-up scores for both intervention groups in self-esteem improved compared to the pre-test, but the mean scores of the control group remained relatively constant, indicating the effectiveness of the two treatments. Additionally, the mean emotion regulation in both intervention groups and the control group shows that there was not much difference in emotion regulation between the two groups in the pre-test; however, after the intervention, the intervention groups showed a significant difference compared to the control group, and this difference was also observable in the follow-up stage. The Shapiro-Wilk test was used to check the normality of variables in this research for the appropriate test application. The significance level for the sub-components in this study was more than 0.05. The results of the multivariate repeated measures analysis of variance among the study groups in the variables of self-esteem and emotion regulation showed that the effect between subjects (group) was significant, meaning that at least one of the groups differed from the others in at least one of the variables of self-esteem and emotion regulation. The within-subject effect (time) for the research variables was also significant, indicating that over time, from pre-test to follow-up, there was a change in at least one of the mean variables.

**Table 3**

*The Summary of Analysis of Variance Results*

| Scale | Source of Effect | Sum of Squares | Degrees of Freedom | Mean Squares | F | P-value | Eta Squared |
|---|---|---|---|---|---|---|---|
| Self-esteem | Time x Group | 106.467 | 2 | 53.233 | 15.790 | 0.001 | 0.361 |
| | Group | 88.817 | 1 | 88.817 | 16.956 | 0.001 | 0.377 |
| **Emotion Regulation** | Time x Group | 261.622 | 2 | 130.811 | 46.573 | 0.001 | 0.478 |
| | Group | 81.667 | 1 | 81.667 | 21.235 | 0.001 | 0.433 |



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Results from Table 3 showed that the F ratio obtained in the group factor in the dimensions of self-esteem ($p < 0.01$) and emotion regulation ($p < 0.01$) was significant. This finding indicates that spiritual therapy training led to improvements in self-esteem and emotion regulation. In this regard, a repeated measures analysis of variance was conducted for the experimental group in three stages of therapeutic intervention, showing observed F ratios in improvements in self-esteem ($p < 0.01$) and emotion regulation ($p < 0.01$).

**Table 4**

*The Results Bonferroni's of Post-Hoc Test*

| Variable | Time | Time | Mean Difference | Standard Error | P-value |
|---|---|---|---|---|---|
| Self-esteem | Pre | Post | -7.60 | 1.25 | 0.001 |
| | | Follow-up | -7.50 | 1.25 | 0.001 |
| | Post | Follow-up | 0.10 | 1.22 | 0.893 |
| **Emotion Regulation** | Pre | Post | 11.60 | 1.25 | 0.002 |
| | | Follow-up | 10.40 | 1.31 | 0.029 |
| | Post | Follow-up | 1.20 | 1.29 | 0.096 |

Changes in the experimental group over time, as shown in Table 4, indicated that the dimensions of self-esteem and emotion regulation in the experimental group were significant in the post-test compared to the pre-test ($P < 0.001$). Similarly, a significant difference was observed in the follow-up stage compared to the pre-test ($P < 0.001$). However, no significant difference was observed in the follow-up compared to the post-test, indicating the stability of the therapeutic effects.

## 4. Discussion and Conclusion

The present research aimed to examine the effectiveness of spiritual therapy on self-esteem and emotion regulation in women with weight management disorder. The results indicated that spiritual therapy is effective in enhancing self-esteem in women with weight management disorder. This outcome aligns with the findings of researchers such as (Del Bianco et al., 2023; Rahmani & Omidi, 2019; Willem et al., 2019).

In group therapy sessions, clients are shown how to imagine the worst things they can think of and then replace destructive feelings with positive ones. Clients are asked to visualize themselves in a specific situation where they experienced distressing emotions, then work on them to change these emotions to healthy ones and subsequently alter their behavior in that situation (Ammari et al., 2022; Salehpour et al., 2020; Schulsinger, 2022). A therapist can stimulate a resistant client to imagine themselves in situations where they always fail and are criticized, leading to feelings of incompetence. Then, these clients are stimulated to change their feelings from worthlessness to regret and hopelessness. Group members may visualize their worst fears, share these with the group, and gain greater emotional insight into how these fears influence what they say and do, learning how to respond differently to these fears (Kalmbach et al., 2020). Since group therapy with a cognitive-behavioral approach is based on the foundations of learning on cognitive processes derived from experience and the role of cognitive processes in behavior, based on clinical experiences, the behavior of individuals in a group is similar to their behavior in ordinary life. Individuals enter the group with the same behavioral schemas that cause problems in their lives and soon these behaviors are displayed within the group. Through awareness of behavior, hypotheses, motives, imaginations, thoughts, and perceptions of the client, the possibility of replacing their inefficient beliefs with more tangible and concrete beliefs is created (Barrett et al., 2018; Byth et al., 2022).

The result of testing the second hypothesis indicated that spiritual therapy is effective in emotion regulation in women with weight management disorder. This outcome is in line with the findings of researchers (Debeuf et al., 2020; Jacob et al., 2018; Kalantzis et al., 2023; Willem et al., 2019).

Since negative self-thoughts stem from cognitive processing errors such as overgeneralization (broad judgment based on few instances), selective abstraction (sole focus on negative aspects of experiences), all-or-nothing reasoning (extreme thinking), personalization (accepting unrelated responsibility), etc., in cognitive-behavioral therapy, patients first identify these thoughts with the help of a therapist and then develop the necessary skills through homework assignments related to self-review (Ajele et al., 2021; Leung, 2022). Since the content of thoughts and cognitions of individuals with emotional disorders is clinically pessimistic and negative, especially when these



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individuals face problematic or ambiguous events, these individuals can be considered as having filters that only encode bad news and pay little attention to good news. In such a way that when an individual with an emotional disorder faces a positive event, they regard this event as accidental or transient and temporary. Clinically, this cognitive error is referred to as "minimization" and is closely related to attributional styles associated with emotional disorders. In addition, when facing negative events, these individuals consider themselves wholly to blame. These cognitive distortions also indicate an inability to consider all the factors involved in an event or negative outcome. In response to such self-thoughts, one of the cognitive strategies in cognitive-behavioral group therapy is to make group members more aware of positive thoughts and guide them to more accurately assess the true cause and origin of positive events (Demos McDermott et al., 2019; Masarik & Conger, 2017; Sönmez et al., 2020).

## 5. Limitations and Suggestions

The limitations of the present study include the use of purposive sampling and a small sample size. Therefore, it is suggested to use random sampling methods and a larger sample size in future research to increase the generalizability of the findings. The limitations of the research include the fatigue of subjects during the tests and the lack of a suitable place for group therapy, which are mentioned as intervening variables in the research. Given the limited number of studies in the field of emotion regulation, it is suggested that this research also be conducted on the social relationships of overweight individuals to prevent problems for these individuals. Based on the results of the research, it is suggested that treatment centers consider training spiritual therapy for individuals with overweight. Given the importance and role of emotional factors in women's weight gain, it is suggested that future research examine the effectiveness of spiritual therapy on other variables such as emotional regulation, emotional schemas, and emotional styles.

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## Declaration of Interest

The authors of this article declared no conflict of interest.

## Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

## Ethics Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

## Authors' Contributions

Leila Farzadegan assisted in conceptualization, data collection, and conducting spiritual therapy sessions. Mozhgan Niknam served as the principal investigator, overseeing research objectives, interventions, and data analysis. Masoud Janbozorgi provided expertise in weight management disorder and contributed to methodology. Fatemeh Jalili assisted in recruitment and therapy sessions, particularly focusing on the discussion of findings. Fatemeh Kaseb supported data analysis and contributed to the results section.

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