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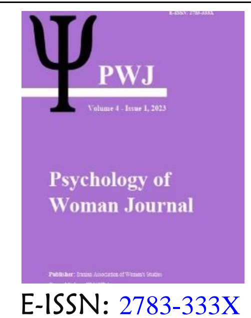

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Effectiveness of Multi-Dimensional Spiritual-Religious Psychotherapy on Mental Distress and Resilience of Addicted Women under Remedy

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ABSTRACT

Objective: Insufficient supervision of children by families and lack of care and guidance in leisure and unemployment, lack of healthy equipment and recreation and sports and lack of proper education, lack of superficial knowledge of people about the dangers of drugs, lack of love, nervous pain, discomfort Physically, failures are important causes of addiction.

Method: This study aimed to evaluate the effectiveness of multidimensional spiritual-religious psychotherapy on mental distress and resilience of addicted women under remedy in Bandar Abbas City. This study's design was quasi-experimental as a pre-test-post-test with the control group. The statistical population consisted of all addicted women under remedy in Bandar Abbas City in 2019. The study sample consisted of 29 women (14 individuals in the experimental group and 15 individuals in the control group) randomly selected from women referred to counseling centers in Bandar Abbas and randomly assigned to experimental and control groups members of the experimental group underwent multidimensional spiritual-religious psychotherapy. The Data were collected using Depression, Anxiety, and Stress Scale (DASS), and Resilience Scale (CD-RISC). Data Analyzing was conducted with one-way MANCOVA and SPSS-22.

Results: The results showed that there is a significant difference between the experimental and control groups in mental distress ($F= 12/50$, $p< 0.05$) and resiliency ($F= 4.61$, $p< 0.05$).

Conclusion: According to the findings of this study, multidimensional spiritual-religious psychotherapy is an effective method in improving the mental disorder and resilience of addicted women under treatment. It can be recognized as one of the effective variables in psychotherapy.

Keywords: *Mental disorder, resilience, psychotherapy, spiritual-religious, addicted women.*

1 Introduction

Today, addiction is considered a major problem for people's health in all countries. Meanwhile, women are also suffering from addiction. According to research results on the role of gender differences in addiction and its treatment, women are more often drawn to addiction through their spouses. Also, the negative forces of the peer group may affect the behavior of girls and women more than the behavior of males (Pirzadeh & Parsakia, 2023). From the perspective of mental disorders, the relationship between PTSD and addiction may be stronger among females than males. *Addiction* and *substance abuse* is one of the most serious and disordered human problems in recent years and one of the most complex human phenomena that, as a non-adaptive pattern of drug use, causes numerous occupational, social, and legal problems. Addiction as a harmful and destructive injury has very terrible consequences that not only affect the addicted person but also include all the people who are in some way dependent or closely related to the addicted person. Studies show that people with addiction have poor physical and mental health (Schiffer et al., 2008).

Mental disorders can be very disturbing and cause a person to be severely damaged mentally and physically. Symptoms such as decreased concentration, erratic weight changes, a strong desire to smoke or consume alcohol, great interest in solitude and seclusion, and self-harm, usually consequences of depression, can be warning signs and alarms for *psychological distress* and mental health damage (Ross, 2017). *Mental health* is also one of the most important variables that play an important role in a person's sense of mental and emotional peace. People with mental disorders often feel conflicted, experience emotional crises, cannot control aggression, appear passive, and have a low sense of responsibility (Sadock & Sadock, 2010). Some researchers believe that mental health is a state of well-being and the existence of this feeling in a person who can cope with society. Mental health means a feeling of satisfaction, a healthier mind, and social conformity with the accepted standards of any society (Sadock & Sadock, 2010). In general, a person with mental health can face the problems of growing up and adapting to the environment while gaining individuality. A satisfactory definition of mental health for a person seems to require having a positive feeling, successful adaptation, and appropriate behavior; Therefore, any criterion considered as the basis of health should include external behavior and internal feelings (Sadock & Sadock, 2010).

On the other hand, one of the most important factors that may significantly affect the level of resistance and temptation of people towards sedatives is the level of resilience. *Resilience* is a shield against threatening situations and is defined as successfully adapting to challenging and problematic life conditions. Davidson (2000) considers resilience as humans' talent and capacity to deal with stress, accidents, problems, and disasters (Davidson, 2000). According to Zautra et al. (2010) the best definition that can be put forward for resilience is to consider it a successful adaptation to adverse and disturbing conditions (Zautra, Hall, & Murray, 2010). Resilience is neither resistance to damage, or threatening conditions, nor a passive state in dealing with dangerous conditions. However, it refers to active and constructive participation in one's environment. Resilience is a kind of ability of a person to establish biological-psychological balance in dangerous and traumatic situations (Connor & Davidson, 2003). One of the ways to increase resilience, which increases the quality and satisfaction of life, is paying attention to spirituality. The more a person pays attention to spiritual issues, especially religious issues, the more peace and trust a person will have. He will benefit from a better point of reference in facing critical and unpredictable situations. Accordingly, the children of this category of families will also have these characteristics, and they will increase resilience (Sadri Damirchi et al., 2020). People with high resilience have confidence in overcoming tensions, using appropriate coping strategies, respecting themselves, and having appropriate emotional stability in life challenges. Resilience theory is built on strengths and vulnerabilities, and the way of understanding adaptive behavior is by accepting the individual's ability to cope with difficulty and risk (Meyers, 2011). Bagheri et al. (2015) concluded that spiritual-religious psychotherapy significantly reduces the psychological distress of women with addicted husbands. They concluded that *spiritual-religious psychotherapy* significantly reduces the mental disorders of women with addicted husbands (Bagheri, Chegeni, & Negar, 2015). The study by Maleki, Abedi, and Diaryan (2020) showed that people with a higher degree of spirituality face less confusion and worries due to choosing positive goals in life and hoping to solve life issues and problems from an authoritative source (Maleki, Abedi, & Diarian, 2020).

In recent years, there has been a special interest in spiritual-religious psychology. The importance of spirituality and spiritual growth in humans has attracted the attention of psychologists and doctors worldwide, and

spiritual needs have opened their place in today's modern and machine life. Surveys show that the general public is increasingly inclined toward spirituality, and public surveys confirm the increasing frequency of interest in spiritual matters (Miller & Thoresen, 2003). Spiritual therapy means considering cultural and religious beliefs and inner connection with an absolute divine power beyond the boundary of orientation to different religions and religions, which guides people toward God's eternal power (Richards, Hardman, & Berrett, 2007). In this type of treatment, the therapist examines the cognitive and emotional-behavioral aspects of the person. In the cognitive dimension, the therapist somehow guides the person to search for meaning, purpose and concept in life and the opinions and values that are important to him; In the emotional dimension, it deals with the variables of hope, interest and support in the recovery process; In the behavioral dimension, it pays attention to the examination of spiritual and religious beliefs and the spiritual state of the person (Miller & Thoresen, 2003). Today, the role of spirituality and religion in health has been noticed and some believe that spirituality is a part of the biological-psychological and social model. Evidence shows that strong religious beliefs, spiritual passion, prayer and religious practices positively affect human mental and even physical health (Richards & Bergin, 1997). Some mental disorders are caused by damage to the spiritual dimension of people, and as soon as the damaged spirituality is treated, people's mental disorders, such as anxiety and depression, are also treated (Richards & Potts, 1995). It can be said that spirituality is an essential dimension of human beings, which grows and transforms in humans from childhood. With the influence of the environment, it can flourish, suffer interruptions, or even become vulnerable and traumatic (Martins, Martins, & Terblanche, 2004). When people's spirituality is damaged, people's perception of existence, creation, and creator, as well as his attributes, names, actions, and how they relate to him will be disturbed. This inefficient perception and knowledge incompatible with real human development also affects people's perception of themselves and causes disorders. The effect of psychological factors on spiritual growth and prosperity is so important that it is not easy to separate mental and spiritual health from each other. Research in this field has shown that treating many problems and psychological injuries of people can lead them toward psychological and spiritual self-actualization (Richards, Hardman, & Berrett, 2007). The research results show that religious and spiritual treatment interventions positively affect people's lives, especially addicts who suffer from mental distress. Harris et al. (2011) examined the effect of spiritual psychotherapy on 26 patients with post-traumatic stress disorder in 8 sessions, concluding that spiritual therapy can improve the symptoms of post-traumatic stress disorder (Harris et al., 2011). Post & Wade (2009), in a review article, showed that discussing topics such as religion and spirituality in psychotherapy is better. They concluded that covering spiritual and religious issues can benefit treatment (Post & Wade, 2009). According to the mentioned materials, spiritual and religious psychotherapy is an important variable in the field of psychotherapy, which seems to affect the mental distress and resilience of addicted women under treatment; Therefore, the current research sought to answer this question whether spiritual and religious psychotherapy can affect the level of resilience and psychological distress of drug addict women undergoing treatment in Bandar Abbas city? After that, the following hypotheses are examined:

A- Spiritual-religious psychotherapy affects the psychological distress of drug addict women under treatment.

B- Spiritual-religious psychotherapy affects the resilience of addicted women under treatment.

2 Methods

2.1 Study design and Participant

The current research was a quasi-experimental study and it is of pre-test-post-test type with a control group. Among the 127 female addicts who referred to Bandar Abbas counseling centers in 2020, 30 women were selected by random sampling and randomly, 15 people were replaced in the experimental group and 15 people in the control group; However, due to the drop of one member of the experimental group, the analysis was performed on 29 people (14 people in the experimental group and 15 people in the control group). The entry criteria were as follows: The inclusion criteria are: scoring higher than the average in the depression, anxiety and stress scale and scoring lower than the average in the resilience scale; Willingness and commitment to attend meetings and not use other psychotherapy and counseling services. Exclusion criteria: absence of more than one meeting and unwillingness to continue working in the group.

PWJ
Psychology of Woman Journal
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2.2 Measurements

The data were collected using *Depression, Anxiety, and Stress Scale (DASS)*, and *Resilience Scale (CD-RISC)*.

2.2.1 Mental Distress

DASS was designed by Lovibond and Lovibond (1995), which measures the severity of psychological problems. This questionnaire has 21 items and three subscales, which are graded on a 4-point Likert scale (0 to 3). 7 questions of this questionnaire are related to stress, 7 questions are related to anxiety and the other 7 questions are to measure depression. In Iran, the reliability coefficient of this tool has been met using Cronbach's alpha method in a sample of the general population (1070 people); for depression 0.77, anxiety 0.79 and stress 0.78. Criterion validity of depression subscale with Beck depression questionnaire is 0.70 and Zung anxiety test is 0.67 and stress subscale and perceived stress test is 0.49 (Lovibond & Lovibond, 1995; Sahebi, Asghari, & Salari, 2005). In the present study, the alpha coefficient of the whole questionnaire was 0.89.

2.2.2 Resilience

Connor and Davidson's (2003) Resilience Scale (CD-RISC) contains 25 questions and is designed to assess people's resilience. The scoring of this questionnaire is on a Likert scale between zero (never) and 5 (always) and higher scores measure high resilience (Connor & Davidson, 2003). In the research of Eskandari et al. (2019), the validity and reliability of this questionnaire has been confirmed and the reliability was also reported using Cronbach's alpha coefficient test of 0.84 (Eskandari et al., 2019). In the present study, the Cronbach's alpha coefficient of this questionnaire was 0.82.

2.3 Intervention

After receiving the necessary permits, the treatment course was announced to women addicts undergoing treatment at the women's camp. Then, among the women who wanted to participate in the current course, qualified women were selected through interviews and tests and completed the informed consent form.

2.3.1 Multidimensional religious-spiritual psychotherapy

After sampling and defining the groups, the experimental group was trained according to the treatment package that was prepared based on the integration of monotheistic integrative therapy and the multifaceted spiritual therapy package of Barrera et al. (2012) and the discretion of psychology professors. In this treatment protocol, in addition to using the techniques of important theoretical structures in both treatments, with Iranian-Islamic localization of the belief and religious components of the treatment, training has been done to increase the awareness of female addicts under treatment regarding the symptoms, physiological process of addiction. This protocol was presented in separate dimensions (spiritual meditation in sensory reception, dealing with ineffective and negative thoughts, stopping anxiety behaviors and behavioral activation, forgiveness in the interpersonal dimension, self-esteem, problem-solving, sleep, and nutrition) in 9 sessions of 90 minutes (Table 1).

Table 1

Summary of multidimensional religious-spiritual psychotherapy sessions

Session	Content
1	It begins with the considerations of group therapy, such as the introduction of members and the therapist, brief definitions of addiction, mental distress, counseling and the specific features of multimodal spiritual therapy, the introduction of the four biological, psychological, social and spiritual dimensions, emphasizing the importance of the spiritual dimension in achieving peace. In the following, the participants are encouraged to narrate some personal problems in the form of personal life experiences and to self-disclose to some extent. At the end of the meeting, the duties of the therapist and those seeking treatment are explained in the form of a general treatment plan and assignments. The members are asked to prepare reasons based on their personal experiences in explaining the importance of complete recovery requiring attention to all dimensions of human existence in writing and as a task in the next meeting.
2	Reviewing the assigned assignments, cooperative discussion and solving possible ambiguities in completing the assignments at the beginning of the session, teaching deep breathing and progressive muscle relaxation using the meditation method, performing stress relief exercises using religious spiritual components as homework (at least twice a day) were followed. .
3	At the beginning of the meeting, the assigned tasks will be discussed, the role of good behavior, speech and thinking in the development of a healthy personality will be discussed. In the following, we teach techniques related to dealing with anxiety and negative thoughts and practice in the group. Finally, as an assignment, the members are asked to describe their current situation in the fields of behavior, cognition, and self-talk in writing. It is also emphasized to perform daily stress relief exercises along with spiritual meditation.
4	The beginning of the meeting is accompanied by the review and completion of assigned tasks. Continuing to emphasize the principle of responsibility and presenting discussions about believing in God's compassion, the benefits of not being completely dependent on material causes and causes, and the importance of trust, prayer and religious rituals in emotional relief and peace. Finally, as a task for the next session,

PWJ
Psychology of Woman Journal
E-ISSN: 2783-333X

	in addition to meditation exercises, the members are asked to do behavioral activation exercises with a spiritual and religious focus during the week. Example: (If they are not bound to perform religious acts such as prayer, at least once a day they should pray to God or any other being they believe in)
5	In the discussion about assigned tasks, forgiveness is introduced as one of the important variables of health by presenting discussions related to God's forgiveness. At the end of the meeting, as a task, the group is asked to apply the steps mentioned about forgiveness to the person or people who are in tension with him and resume communication. If they fail to do this, they should present their reasons in writing at the next meeting.
6	At the beginning of the session, the assigned tasks or the practiced techniques are discussed, and in the rest of this session, the goal of teaching religion-based methods to improve self-esteem and time management skills is determined. At the end of the session, they should bring behavioral practice such as writing their positive characteristics on a sheet and writing down the useful things they have done in writing in the next session.
7	At the beginning of the meeting, according to the routine, the assigned tasks were discussed. In this session, problem solving skills are emphasized as a necessity to reduce stress in difficult situations. Also, problem solving is proposed and in the end, the group is asked to consider one of the current problems in addition to meditation, and according to the principles of the problem, the potential solutions of creating a wiki from the models are implemented and bring the progress results with them in the next meeting.
8	After the review and cooperative answer to the questions related to solving the problems, the agenda of the eighth session is about education about lifestyle with a religious approach. Finally, the members are asked to apply the recommendations related to the lifestyle in a religious way as much as possible in a daily call and to make a summary of the actions taken at the end of each day as a written assignment.
9	In the last session, after reviewing and solving the questions and problems in the implementation of the exercises related to the previous session, a summary of the contents of the previous sessions will be presented and the feedback of the members will be received regarding the selected protocol. After thanking the group for participating in the treatment plan, the members were asked to maintain a pleasant relationship with their selected members in the group as much as possible and to continue the assigned exercise in the field of spiritual meditation and stress relief, behavioral activation, etc. in a planned manner. At the end of the session, questionnaires related to psychological distress and resilience were provided to them as a post-test.

2.4 Data Analysis

In the descriptive statistics section, statistical indices such as mean and standard deviation were used for the inferential statistics section, using the multivariate analysis of covariance (MANCOVA) test. SPSS-22 software was also used to analyze the data of this research.

3 Findings and Results

Demographic findings showed that the mean and standard deviation of the age of the samples in the experimental group was 38.07±5.94 and in the control group was 35.80±4.67. Descriptive information related to research variables is provided in Table 2.

Table 2

Descriptive findings

Variable	Stage	Group							
		Experimental				Control			
		Mean	SD	Min	Max	Mean	SD	Min	Max
Depression	Pre-test	14.64	15/3	10	20	46/16	3.06	11	21
	Post-test	12.28	33/3	7	17	80/15	2.62	11	18
Anxiety	Pre-test	14.14	59/3	9	21	13/15	3.02	10	21
	Post-test	12.21	51/3	7	17	60/14	3.20	8	20
Stress	Pre-test	15.07	68/3	8	21	86/15	3.33	11	20
	Post-test	12.92	54.3	7	18	15.40	2.82	11	19
Psychological distress	Pre-test	85.43	21.5	36	52	47.46	4.70	40	53
	Post-test	37.42	89.5	24	46	45.80	4.81	36	53
Resilience	Pre-test	69.42	27.8	58	81	64.40	8.47	53	78
	Post-test	74.2	27.9	59	89	66.13	9.62	54	80

According to the Table 2, the mean and standard deviation of the test group in the pre-test and post-test of mental distress are equal to: 43.85±21.5 and 37.42±5.89 and in resilience it was equal to 69.42±8.27 and 74.21±9.27, respectively. The use of parametric tests such as multivariate covariance analysis requires the establishment of several basic assumptions, which can be used by confirming them. These essential assumptions include the placement of the dependent variable at least at the distance/relative level, the normality of the distribution of the variables' scores, and the homogeneity of the variances of the groups. Considering that the type of questionnaire used is Likert type, therefore, all the dependent variables are at least on the level of the interval scale, and therefore the first assumption is

PWJ
Psychology of Woman Journal
E-ISSN: 2783-333X

confirmed. This normality assumption indicates that the distribution of scores in the dependent variables should be normal or close to normal in order to make an accurate estimate. To check the normality, the Shapiro-Wilk test was used, the results of which are as follows (Table 3):

Table 3

The results of Shapiro-Wilk normality test

Variable	Group	Stage	S-W	
			Statistics	Sig.
Psychological distress	Experimental	Pre-test	0.954	0.627
		Post-test	0.958	0.689
	Control	Pre-test	0.894	0.077
		Post-test	0.956	0.631
Resilience	Experimental	Pre-test	0.897	0.101
		Post-test	0.955	0.648
	Control	Pre-test	0.934	0.311
		Post-test	0.898	0.089

Since the test values for psychological distress and resilience are not significant (P ≥ 0.05) in all stages of the experimental and control groups, therefore the distribution of scores in all variables is normal and the second assumption is confirmed (Table 3). The assumption of equality of variances is to check the equality of the variances of the groups, for which Levene's test was used. The assumption of homogeneity of variances is established when the significance level value obtained is greater than 0.05 (P ≥ 0.05). The results of Levene's test on the homogeneity of variances showed that the value of the F-value for the variables of psychological distress and resilience is not significant at any stage (P ≥ 0.05), and therefore the assumption of equality of variances is also confirmed. Considering the confirmation of the assumptions of multivariate covariance, its results are given in the Table 4.

Table 4

The results of multivariate tests for between-group effects

Effect	Test	Value	F	Df (hypothesis)	Df error	Sig.
Psychological distress	Pilliai's trace	0.456	10.07	2	24	0.001
	Wilks' Lambda	0.544	10.07	2	24	0.001
	Hotelling's trace	0.839	10.07	2	24	0.001
	Roy's largest root	0.839	10.07	2	24	0.001
Resilience	Pilliai's trace	0.914	128.18	2	24	0.001
	Wilks' Lambda	0.086	128.18	2	24	0.001
	Hotelling's trace	10.68	128.18	2	24	0.001
	Roy's largest root	10.68	128.18	2	24	0.001
Group	Pilliai's trace	0.379	7.32	2	24	0.003
	Wilks' Lambda	0.621	7.32	2	24	0.003
	Hotelling's trace	0.611	7.32	2	24	0.003
	Roy's largest root	0.611	7.32	2	24	0.003

The Table 4 shows the results of multivariate tests for the significance test of the effect of group membership. According to their significance level, which is less than 0.05 (p>05), there is a significant difference between the experimental and control groups at least in one of the dependent variables. A closer look at this difference is shown in Table 5:

Table 5

MANCOVA results

Source	Variable	SS	Df	MS	F	Sig.	Eta^2
Interception	Psychological distress	4.18	1	4.18	0.248	0.623	0.010
	Resilience	0.03	1	0.03	0.004	0.952	0.001
Psychological distress	Psychological distress	353.14	1	353.14	20.89	0.001	0.455
	Resilience	1.06	1	1.06	0.127	0.725	0.005
Resilience	Psychological distress	4.22	1	4.22	0.250	0.622	0.010
	Resilience	2179.22	1	2179.22	259.10	0.001	0.912
Group	Psychological distress	211.34	1	211.34	12.50	0.002	0.333
	Resilience	38.80	1	38.80	4.61	0.042	0.156
Error	Psychological distress	422.50	25	16.90			

PWJ
Psychology of Woman Journal
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	Resilience	210.31	25	8.41
Total	Psychological distress	51583	29	
	Resilience	145129	29	

The Table 5 shows the difference between the experimental and control groups in the variables of psychological distress and resilience by controlling the effect of pre-tests. Based on the obtained results, the significance level of F-values of mental distress (12.50) and resilience (4.64) is less than 0.05 ($p < 05$). It shows that there is a significant difference between the experimental and control groups in the post-tests of psychological distress and resilience, hence both research hypotheses are confirmed.

4 Discussion and Conclusion

This research investigated the effect of treatment and spiritual-religious interventions on mental distress and resilience of drug addict women undergoing treatment. The results showed that spirituality guides decisions and mental pressures through hope for God's help. This feeling of positivity and optimism strengthens life's meaning and purpose. It increases the level of resilience and ability of an individual to control his emotions. It increases the pattern of accepting and tolerating suffering and adapting to life's tensions and problems. This attitude and belief can be one of the results of religiousness and a tendency toward spiritual life. Therefore, the research results showed that the effectiveness of multifaceted spiritual-religious psychotherapy has an effective role in recovery, well-being and promotion of human health. The results of the present study were consistent with the results of several studies (Bagheri, Chegeni, & Negar, 2015; Barrera et al., 2012; Schiffer et al., 2008; Zautra, Hall, & Murray, 2010).

The first hypothesis: spiritual-religious psychotherapy has an effect on the psychological distress of drug addict women under treatment.

In examining this hypothesis, the data analysis results showed a significant difference between the experimental and control groups, and spiritual-religious interventions have been able to reduce the psychological distress of addicted women under treatment. Bagheri et al. (2015) showed that spiritual-religious interventions can reduce the psychological distress of women with addicted spouses (Bagheri, Chegeni, & Negar, 2015). Sedaghat Ghotbabadi and Haji Alizadeh (2018) also showed that spiritual-religious interventions can reduce mental distress in the elderly (Sedaghat Ghotbabadi & Haji Alizadeh, 2018). HosseiniAlMadani et al. (2013) and Cole (2005) also showed that spiritual interventions can reduce depression and pain (Cole, 2005; HosseiniAlmadani et al., 2013).

As it is clear from the results, spiritual and religious interventions can be effective in mental health. The feeling created by the spiritual-religious attitude and behavior through the secreted neuropeptides affects the whole physiology of the body. It strengthens the body's organs and the immune system, improving the activity and health of the mind. Religious practices and the development of spiritual awareness by activating the frontal lobe, especially the prefrontal cortex and accompanying cognitive function, lead to excellence and choosing the right and purposeful path of life (Ader & Kelley, 2007). Spiritual and religious practices increase the release of neurochemical mediators in the brain, such as GABA, melatonin, and serotonin, making the mind and psyche work better (Sephton et al., 2001). In fact, there is a strong and rotating connection between spiritual and religious practices with the peace and functioning of the mind and soul.

Religious and spiritual behaviors such as prayer, rituals, and worship moderate the traumatic effects of stress by creating support networks and promoting health behaviors. Also, spirituality and religious beliefs facilitate dealing with problems and stress through understanding the temporary nature of psychological discomfort or life sufferings and provide a sense of control over the situation for people. All the spiritual traditions of different religions encourage their followers to create a healthy lifestyle and health-promoting behaviors with their prohibitive and prescriptive rules and orders. For example: in most religions and spiritual traditions, the consumption of alcohol and drugs is prohibited. Instead, various behaviors such as healthy recreation, nutrition, sports, worship, moral behaviors based on not harming oneself, others and society are recommended. By internalizing and absorbing these behaviors in people's daily lives, a healthy lifestyle is formed, effectively reducing mortality, reducing drug consumption and increasing health and well-being (Thune-Boyle et al., 2006). Thune-Boyle et al. (2006) showed that spirituality makes people use strategies to deal with situations that endanger their health. In addition, it causes them to use behaviors when they are suffering from a disease such as cancer, which makes them adapt to the disease and

improves their mental and psychological states (Thune-Boyle et al., 2006).

The women who participated in the present study were very cognitively and emotionally disturbed due to their addiction experience and had somehow lost the path and purpose of their lives. Such situations had taken away their peace of mind. Participating in this course helped them find some emotional stability through actions and then define their life values. Determining the values and goals of life led to cognitive and emotional stability. In fact, spiritual-religious interventions for drawing a bright future, seeking help from divine power, providing positivity and optimism, and adopting and committing to choosing the right path in life and not being captured and trapped by life's events allowed them to avoid mental turmoil to some extent. (Bagheri, Chegeni, & Negar, 2015). Also, the spiritual-religious interventions made them find meaning in their suffering and the problems they were dealing with. In addition, it made them understand that this suffering can not only make them lose their feet but also make them stronger and grow and act in them. Such situations greatly reduced their mental confusion.

The second hypothesis was that spiritual-religious psychotherapy affects the resilience of addicted women under treatment.

This research also showed that spiritual and religious interventions can increase resilience in women with addiction. In line with this research, Taghizadeh (2013) found that group spirituality therapy is significantly effective in increasing the resilience of women with MS (Taghizadeh, 2013).

Spirituality gives people a positive outlook on life and hopes for the future. By influencing people's beliefs and attitudes, spirituality makes people pay attention to their mental and physical dimensions and feel responsible for these dimensions. This attitude makes people endure the adversities and challenges of life. Spiritual-religious interventions can help people to have a different look at the negative aspects and events of life and to evaluate it differently. These interventions create a strong sense of resilience that develops people's resilience (Esmaeeili et al., 2016). Teaching the belief that God observes us at every moment and does not neglect us made the examples by seeking God's help and trusting in Him to gain additional strength to fight life's challenges and feel that they can have more control over life. In other words, spiritual and religious interventions make people feel that they are not alone and that they have God to support them at any moment. Women learned that turning to God and imams, having a positive outlook on life, establishing positive relationships with others, and increasing self-confidence can deal with life's difficulties and create a new and valuable life for themselves.

In general, the results of this research showed that interventions followed by spiritual and religious beliefs and practices can reduce mental disorders and strengthen the resilience of drug addict women by expanding their vision and providing essential life skills. This result shows the high capability of spiritual-religious interventions in reducing mental disorders and increasing human capacity and abilities. Hopefully, this research can open a way to help drug addict women who are being treated so that they can be returned to their families more healthily and efficiently.

5 Limitations

There are limitations to most humanities research. Some of these limitations in the current research are: Considering that the current research design was quasi-experimental, it was impossible to control all disturbing variables and may affect the generalization of the results. Using only questionnaires to collect information and put it as a criterion for judging change and the biases involved in answering them can cause problems in generalizing the results. Also, because the subjects are not equal in terms of intelligence level and disease period, it is better to be cautious in generalizing the results.

6 Suggestions and Applications

Based on the present research results, some suggestions can also be made: The effectiveness of these interventions on drug withdrawal, as well as the increase of withdrawal and prevention of relapse, should be investigated. Due to the difference between the research groups in terms of intelligence level, duration of illness, and drug and type of substance consumed, as far as possible, the groups are compared so that the generalization of the results becomes stronger. Also, it is suggested to examine and compare religious and spiritual interventions with other educational-therapeutic approaches and models in addiction.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics principles

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

References

Ader, R., & Kelley, K. W. (2007). A global view of twenty years of Brain, Behavior, and Immunity. *Brain, behavior, and immunity*, *21*(1), 20. https://doi.org/10.1016/j.bbi.2006.07.003

Bagheri, M., Chegeni, M. E., & Negar, F. M. (2015). Reviews of the effectiveness of religious, spiritual and mental therapy on stress reduction, anxiety and depression in women with addicted spouse in Ilam city. *Journal of Reaserch on Religion & Health*, *1*(3), 19-24. https://journals.sbmu.ac.ir/en-jrrh/article/view/12010

Barrera, T. L., Zeno, D., Bush, A. L., Barber, C. R., & Stanley, M. A. (2012). Integrating religion and spirituality into treatment for late-life anxiety: Three case studies. *Cognitive and Behavioral Practice*, *19*(2), 346-358. https://doi.org/10.1016/j.cbpra.2011.05.007

Cole, B. S. (2005). Spiritually-focused psychotherapy for people diagnosed with cancer: A pilot outcome study. *Mental Health, Religion & Culture*, *8*(3), 217-226. https://doi.org/10.1080/13694670500138916

Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depression and anxiety*, *18*(2), 76-82. https://doi.org/10.1002/da.10113

Davidson, R. J. (2000). Affective style, psychopathology, and resilience: brain mechanisms and plasticity. *American Psychologist*, *55*(11), 1196. https://doi.org/10.1037/0003-066X.55.11.1196

Eskandari, E., Jalali, A., Moosavi, M., & Akrami, N. (2019). Predicting psychological resilience based on social support and attachment style mediated by self-efficacy and meaning in life. *Positive Psychology Research*, *5*(2), 17-30. https://doi.org/10.22108/ppls.2019.116694.1721

Esmaeeili, F., Jamali, A., Seyyed karimi, S. M. A., & Alimoradi, A. (2016). The effectiveness of Islamic teaching based religious-spiritual psychotherapy on quality of life, resiliency, and mindset of women with addicted spouse. *Journal of Islamic Psychology*, *2*(5), 92-118. http://psychology.riqh.ac.ir/article_12755_36f051f0a08b1d048364130f48d8c751.pdf

Harris, J. I., Erbes, C. R., Engdahl, B. E., Thuras, P., Murray-Swank, N., Grace, D., Ogden, H., Olson, R. H., Winskowski, A. M., & Bacon, R. (2011). The effectiveness of a trauma focused spiritually integrated intervention for veterans exposed to trauma. *Journal of clinical psychology*, *67*(4), 425-438. https://doi.org/10.1002/jclp.20777

HosseiniAlmadani, S., Karimi, Y., Bahrami, H., & Moazedian, A. (2013). Predicting Membership in Addict & Non-Addict Groups According to Spirituality, Personality Traits, Identity Styles, and Resiliency. *Journal of Rafsanjan University of Medical Sciences*, *12*(1), 57-70. http://journal.rums.ac.ir/article-1-1667-en.htm

Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behaviour research and therapy*, *33*(3), 335-343. https://doi.org/10.1016/0005-7967(94)00075-U

Maleki, F., Abedi, A., & Diarian, M. (2020). Journal of Psychology of woman. *Investigating the relationship between wisdom and spiritual attitude in life and happiness and satisfaction with married life among women in Isfahan city*, *1*(3), 41-52. http://psychowoman.ir/files/site1/user_files_ca3d1c/eng_abst/1-3-41-52-en.pdf

Martins, E., Martins, N., & Terblanche, F. (2004). An organizational culture model to stimulate creativity and innovation in a university library. In *Advances in Library Administration and Organization* (pp. 83-130). Emerald Group Publishing Limited. https://doi.org/10.1016/S0732-0671(04)21003-3

Meyers, A. (2011). *Sibling abuse: Understanding developmental consequences through object relations, family systems, and resiliency theories*. City University of New York. https://www.proquest.com/openview/438147ea1bd57761ea856b7713d17edc/1?pq-origsite=gscholar&cbl=18750

Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American psychologist*, *58*(1), 24. https://doi.org/10.1037/0003-066X.58.1.24

Pirzadeh, S., & Parsakia, K. (2023). A Comparative Study of Family Structure (Cohesion and Flexibility) and Functioning in People with and without Drug Abuse. *International Journal of Body, Mind & Culture*, *10*(1), 82-89. https://doi.org/10.22122/ijbmc.v10i1.278

Post, B. C., & Wade, N. G. (2009). Religion and spirituality in psychotherapy: A practice-friendly review of research. *Journal of clinical psychology*, *65*(2), 131-146. https://doi.org/10.1002/jclp.20563

Richards, P. S., & Bergin, A. E. (1997). A spiritual strategy for counseling and psychotherapy. https://www.researchgate.net/profile/P-Scott-

E-ISSN: 2783-333X

Richards/publication/232448521_Casebook_for_a_Spiritual_Strategy_in_Counseling_and_Psychotherapy/links/5537ba0b0cf2058efdeae754/Casebook-for-a-Spiritual-Strategy-in-Counseling-and-Psychotherapy.pdf

Richards, P. S., Hardman, R. K., & Berrett, M. E. (2007). *Spiritual approaches in the treatment of women with eating disorders*. American Psychological Association. https://doi.org/10.1037/11489-000

Richards, P. S., & Potts, R. W. (1995). Spiritual interventions in psychotherapy: A survey of the practices and beliefs of AMCAP members. *Issues in Religion and Psychotherapy*, *21*(1), 4. https://scholarsarchive.byu.edu/irp/vol21/iss1/4/

Ross, C. E. (2017). *Social causes of psychological distress*. Routledge. https://doi.org/10.4324/9781315129464

Sadock, B. J., & Sadock, V. A. (2010). *Kaplan and Sadock's pocket handbook of clinical psychiatry*. Lippincott Williams & Wilkins. https://books.google.com/books?hl=fa&lr=&id=EYWyr37ubwsC&oi=fnd&pg=PT61&dq=Kaplan+%26+Sadocks+Comprehensive+textbook+of+psychiatry%5D&ots=ZJ_H2Gnd6y&sig=_uiuRZXosKoAvUHj_hlUnDnKJ18#v=onepage&q=Kaplan%20%26%20Sadocks%20Comprehensive%20textbook%20of%20psychiatry%5D&f=false

Sadri Damirchi, E., Dargahi, S., GhasemiJobaneh, R., & Ayadi, N. (2020). Role of perceived family resilience and emotion regulation in prediction of internet addiction of students. *Journal of school psychology*, *9*(1), 54-68. https://doi.org/10.22098/jsp.2020.903

Sahebi, A., Asghari, M. J., & Salari, R. S. (2005). Validation of depression anxiety and stress scale (DASS-21) for an Iranian population. https://jip.stb.iau.ir/article_512443_en.html

Schiffer, A. A., Pedersen, S. S., Broers, H., Widdershoven, J. W., & Denollet, J. (2008). Type-D personality but not depression predicts severity of anxiety in heart failure patients at 1-year follow-up. *Journal of affective disorders*, *106*(1-2), 73-81. https://doi.org/https://doi.org/10.1016/j.jad.2007.05.021

Sedaghat Ghotbabadi, S., & Haji Alizadeh, K. (2018). The effectiveness of spiritual-religion psychotherapy on mental distress (depression, anxiety and stress) in the elderly living in nursing homes. *Health, Spirituality and Medical Ethics*, *5*(1), 20-25. https://doi.org/10.29252/jhsme.5.1.20

Sephton, S. E., Koopman, C., Schaal, M., Thoresen, C., & Spiegel, D. (2001). Spiritual expression and immune status in women with metastatic breast cancer: an exploratory study. *The Breast Journal*, *7*(5), 345-353. https://doi.org/10.1046/j.1524-4741.2001.20014.x

Taghizadeh, M. (2013). Effectiveness of group spiritual therapy on resilience of women with multiple sclerosis. *Iranian Journal of Health Psychology*, *5*(3), 47-58. https://ijohp.journals.pnu.ac.ir/article_9102_f21620f219399e9e9006355221f8d7ab.pdf

Thune-Boyle, I. C., Stygall, J. A., Keshtgar, M. R., & Newman, S. P. (2006). Do religious/spiritual coping strategies affect illness adjustment in patients with cancer? A systematic review of the literature. *Social science & medicine*, *63*(1), 151-164. https://doi.org/10.1016/j.socscimed.2005.11.055

Zautra, A. J., Hall, J. S., & Murray, K. E. (2010). A new definition of health for people and communities. *Handbook of adult resilience*, *1*(1). https://books.google.com/books?hl=fa&lr=&id=lyRc8ZshU98C&oi=fnd&pg=PA3&dq=Resilience:+A+new+definition+of+health+for+people+and+communities.+In:+Reich,+J,+W.,+Zautra.+A.J.,+%26+Hall,+J.S.+Handbook+of+adult+resilience.+The+Guilford+Press,+New+York,+London.&ots=fy9FObSs9t&sig=xrYnd71Qne4NeJrppY6r0mCkNJI#v=onepage&q&f=false

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