

Burst Out of the Dead Land by the Help of Spirituality: A Case Study of Living with Blindness and Cancer

Seyed Hamid Seyed bagheri¹ · Mahlagha Dehghan² ·
Seyyed Hamidreza Alavi³ · Sedigheh Iranmanesh² ·
Hadi Khoshab⁴

Published online: 12 July 2016
© Springer Science+Business Media New York 2016

Abstract Blindness is one of the most complex problems related to health throughout the world. The condition is worse when such stress is accompanied with cancer. The aim of this case study was to introduce a patient with both these conditions who could come over her problems well. A phenomenological hermeneutic approach influenced by Ricoeur was used to explore the experience of the patient. Data were collected through unstructured and deep interview and by checking patient medical records. The patient is an Iranian 58-year-old teacher residing in Kerman who became blind at age 32 due to bloodshed inside the eye and was affected by breast cancer at age 52. The patient could come over these divine tests through the help of spirituality so that she believed blindness and cancer was the best events in her life. Spirituality is one of the human aspects that give meaning and purposes to life. Health care providers are suggested to implement spiritual strategies such as instructional workshops for increasing spirituality

✉ Mahlagha Dehghan
m_dehghan86@yahoo.com
Seyed Hamid Seyed bagheri
hamidsiba@gmail.com
Seyyed Hamidreza Alavi
hralavi@uk.ac.ir
Sedigheh Iranmanesh
S_iranmanesh@kmu.ac.ir
Hadi Khoshab
Hadikhoshab@gmail.com

¹ School of Nursing and Midwifery, Rafsanjan University of Medical Sciences, Rafsanjan, Iran

² Nursing Research Center, Kerman University of Medical Sciences, Kerman, Iran

³ Department of Educational Sciences, School of Humanities and Letters, Shahid Bahonar University of Kerman, Kerman, Iran

⁴ Zeinab School of Nursing and Midwifery, Bam University of Medical Sciences, Bam, Iran

in settings, such as oncologic wards for patients to pass stages of adaptation to such great stresses easily and rapidly.

Keywords Blindness · Cancer · Spirituality · Religion

Introduction

Blindness is one of the most complex problems that is related to health throughout the world and causes mental and spiritual difficulties and mal-adaptations (Tunde-Ayinmode et al. 2011). One of the important issues on visual defects is the increasing risk of emotional and behavioural problems (Pinquart and Pfeiffer 2012). Among factors that cause mental-spiritual problems in blind people are participation in daily activities, high dependency on others, high control and attention of the family, negative view on apparent attraction, and pity of others (Aro and Huurre 2000). Global statistics show that 32.4 millions of blind people were living in the world in 2010 and 60 % were women. Prevalence of blindness was reached from 3 % in 1991 to 1.9 % in 2010. As a result of this amount, 0.3 % has been reported in developed countries and 1.4 % in developing countries (4). In a study done in Iran, two-way blindness has been reported by 0.79 on average (Shahriari et al. 2007).

Humans always face difficulties on the way of development. Our religious leaders have welcomed these difficulties in the way of Allah. According to narrative texts, the word “*AlbalaLelvala*” means problems make human close to God (Mohammadi Reyshahri 2007). In history, there are many cases, such as Ayoub, who came over great problems as divine tests (Rasouli Mahalati 2012). In Quran, one of the stressful factors has been defined as lack of relationship with God: “The one, who does not recall me, will have a hard and anxious life” (Ta Ha Sura; verse 124). According to BaqarahSura (the Cow), verse 112: the one who obeys God absolutely, such person has no fear and sorrow (Elahi ghomshe 1998).

By referring to Islamic sources, many difficulties are seen that happened to great people and they could come over them well. God loves a servant when he is immersed in the sea of difficulties. As a swimming instructor puts his new disciple into the sea in order to teach him how to swim, the servants of God who want to reach perfection will be immersed in disasters (Motahari 2006). The striking example of such perfection is the uprising of Imam Hossein and Zeinab in Karbala. Zeinab was not only patient, but also the patience was amazed by her work. As seen in her speeches: “Allahaccept from usthislittleSacrificial” (Bent Ashati 2012). This statement displays the grandeur of mysticism and stability of Zeinab. If God wants to show a special grace to a servant, he will be caught in hardship (Kulaini 1990). According to SuraMa'idah (The Food), verse 69: whoever believes in Allah and does good acts, he will have no fear and sorrow. Whoever believes in God and corrects his acts, he is neither afraid nor sad (An'amSura (The Cattle), verse 48). Human being will be relaxed when he reaches his basic desire, that is, God's knowledge. “The hearts will be relaxed by remembrance of God” (arR'adSura (The Thunder), verse 28) (Elahi ghomshe 1998).

In the present paper, a patient is introduced who could come over her difficulties by perfect belief without any doubt to God and his power and even she encouraged people around her. In dealing with this patient, one of the hypotheses occupied the mind of the researchers and they were trying to find a response to it was how an ordinary person can

overcome well many difficulties and problems faced in her life. By searching in literatures, the researchers could find the relation between patient's statements and states of great people and Quran (Muslim holy book) that made them highly motivated to report such patient.

Materials and Methods

A phenomenological hermeneutic approach influenced by Ricoeur was used to explore the case experiences. This study was conducted in Kerman. Kerman is the largest city in southeast of Iran, and its population is more than 722,000. We used unstructured, in-depth, face-to-face individual interview to collect patient experiences. The interview was conducted in Razi nursing and midwifery school that is supervised by Kerman Medical University of Medical Sciences (KUMS). The interview started by this question "could you please explain your experience about blindness and cancer and the way you cope and adapt with them?". The interview lasted 60 min and conducted in May 2015. The interview was audio taped and then the transcript writing out verbatim. Several techniques were used to enhance trustworthiness of the following study. Peer checking has done by the first researcher's supervisors (the second, third, and fourth researchers). Through frequent sessions between the first researcher and the supervisors, the study's progress and process was reported and discussed. Member-checking was completed with the participant regarding validation of interpreted findings.

Case Report

In this paper, we report a patient who is living in Iran. She is a 58-year-old, married and retired teacher residing in Kerman who became blind at age 32 due to bloodshed inside the eye. After this incident, she was transferred by the help of principals from school to kindergarten, where she continued her activities until her retirement. Despite her blindness, she completed 30 years of service. Now she is retired after working for 30 years. After 20 years, she visited a doctor due to pain on the breast. She was hospitalized after diagnosis of breast cancer at age 52. Immediately after diagnosis, she was treated with chemotherapy and radiotherapy. During chemotherapy, the patient's physical condition was extremely critical. Despite her unsuitable physical condition, as we will see in the next section by the help of spirituality mechanism she could overcome all these problems. Now she is on maintenance chemotherapy period. She is invited as a cancer survivor in different NGOs and cancer seminars in Kerman, Iran as an example of successful adaptation to cancer. Her experiences have been presented as follows.

Findings

The text revealed two main themes including: (1) Dealing with massive pain and suffering caused by ice storm in the winter of life and (2) raising the flashes of hope and flowing the river of life. The first theme was divided into two subthemes consisting of: (1) stand in awe, flabbergasted and (2) struggling to deal with destructive waves. The second theme also revealed three sub themes including: (1) using powerful inner strengths and embodying knowledge, (2) acceptance and submission to the realities, and (3) renewing the

life. The following descriptions are the meaning of each theme by using the participant's direct quotations.

Dealing with Massive Pain and Suffering Caused by Ice Storm in the Winter of Life

The case presented many examples, which indicated that she was extremely suffered by blindness and breast cancer at the beginning of both events; blindness and breast cancer. She said that she was 32 years old, in the winter 1 day in early morning when she woke up to go to school, she felt that everywhere was dark and she was not able to see anything. She visited a doctor and he diagnosed that her eyes were bleeding. She had to rest for 2 months. She visited different physicians, but no result was obtained and finally she became blind. After about 20 years, again in the winter she felt some strange things in her breast. She referred to physician, and the doctor diagnosed that she had breast cancer.

Stand in Awe, Flabbergasted

At the beginning of these critical conditions, she was very astounding and wandered. Sometimes she wished to die sooner, and sometimes she was afraid of being dead. She was afraid of her wishes and willing which seemed to be unattainable. She explained that she was shocked and life had no meaning for her. She felt that she had a few luggages to bring with herself to the eternal world. We labelled all these paradoxical feelings as “stand in awe, flabbergasted”. She expressed a deep sadness, depression, and anxiety. She thought that everything had gone in her life.

“Every night, I wished my death from God but I got up in the morning earlier than the last day.”

“I cannot say that blindness was not important for me. It was really awful. I really wished to die, but I was also scared that I am not ready to die. There were a lot of things that I have to do before I die.”

Struggling to Deal with Destructive Waves

Another subtheme was “struggling to deal with destructive waves”. According to patient's experiences, she had different destructive and negative imaginations regarding her situation and disease. She disliked thinking and speaking about her situation at the beginning of the events. She explained that the others' negative feedbacks about her future life and even their misplaced compassion made her more annoyed. Therefore, both patient's and others' negative views about blindness and cancer caused destructive waves that needed to be overcome.

“All people around me thought that I am extremely dependent on my family. They look at me like a wretch, they said oh, oh my God, she is blind, and how miserable she is.”

Raising the Flashes of Hope and Flowing the River of Life

The patient step by step started to cope with her situation by using different religious and spiritual strategies. She gradually returned to life and renewed the life by using (1)

powerful inner strengths and embodying knowledge, (2) strength of the mind and consciousness, (3) awareness, acceptance and appreciation.

Using Powerful Inner Strengths and Embodying Knowledge

According to the patient experiences, believing in God, trust on God, making love with God, and being a good servant for God were the most powerful inner strengths that made her to overcome her critical conditions. She strongly believed that God will help her to cope with her situations and will guard her in any situations. She emphasized that God is not cruel and her situation means that she is in the light of divine trials which she should try at best to pass successfully. She believed in God's grace. The patient implies that God grace and forgiveness was very much to her that she did not want him anything else.

“It was the result of God's grace towards me. God helped me and I am not sad at all. I do not want anything else from him. I owed him.”

I always believe that God loves humans. How he could annoy them! God does not want to suffer them. God wanted them to reach perfection.

She used to speak with God, doing religious practice everyday such as praying “Na-maz”, praying different Islamic “Zikr”, and reading Quran (Muslims holy book) to make herself closer to God and be a good servant for him. These practices bring her peace and satisfaction. She described that about one month after her blindness, she started to get friend with her God. She talked to him friendly and asked him to give her patience and endurance to deal with disease beautifully.

“I said to God: today you and I are going to speak with each other. You are God and I am your servant. You neither heal me nor make me dead. So there is surely wisdom beyond this. I stand up against you and say: my lord, I am like someone who was in a ship, but it was sunk and just a piece of board has remained from it and I was left on the ocean.”

She talked about her trust on Lord and the belief that everything depends on him and that Lord is everything. She started to get close to the life:

“I woke up from my bed, went to the kitchen, and cooked broth for lunch. My life was refreshed and now I feel no emptiness in my life. God has spread a tablecloth and every human should eat meal based on his capacity.”

The case expressed her deep gratitude to the Lord for giving her the power and inner strength to endure all sufferings caused by blindness. She believed that this was a great divine grace. She stated that God has given me many blessings.

“First, the lord gives the power and capacity to human, and then divine tests will start. Be sure that this is one of the great divine graces.”

According to her belief, eyes do not belong to her; they are like Gods' trusts in her hands. She was responsible to keep them in a right way, and God took them back whenever he wanted. For her, it was a grace from the Lord.

“It was his grace and I thanked him and wanted to pass this situation. God knows that I have never complained about my blindness as ingratitude for 26 years”.

“I always pray to God to make me his lover and burn me in the loving fire of his kindness and that of AhleBeit (family of the prophet Mohammad)”.

If God gives me my vision and wants to take from me other blessings, I will not accept it because I really love this blind world and thank and pray to God wholeheartedly.”

Strengthening the Mind and Consciousness

The patient has used other coping strategies including speaking with different part of her body, distraction, optimistic thinking, not paying attention to the others’ negative impulses, and avoiding from projection of her problems to others. These strategies along with her strong beliefs towards God provide her a powerful and positive mind and consciousness towards herself and her ability to overcome her critical condition.

Using mindfulness, the patient used to speak with all different parts of her body even her smallest part such as her eyelash each night. She appreciated them for being with her in all good and bad situations.

“I will appreciate all my body members. At night, I touch my hands, legs, head and eyes and I express my feelings to them. I am proud of them. If you (my body members) are not able to see such apparent things, I will not be angry with you and I love you wholeheartedly. I appreciate you. You will give me the things which I may be indifferent to them and I do not pay attention to them but you have to know that I am always with you.”

She also used positive imagination in unpleasant circumstances such as chemotherapy. This made her to undergo chemotherapy sessions without any side effect including nausea and vomiting. In her imagination, she could travel anywhere without any obstacles. She was able to imagine her in a garden, smell nice flowers, hear birds’ sounds, put her legs in the small river and spent a very pleasant time. She also emphasized that neither she think about blindness nor about how to cope with that.

“The setting of chemotherapy was intolerable for me. Most women felt unpleasant and could not tolerate it. When I entered to such setting, the smell annoyed me but I tried to think about something else. I was really afraid of injection and I thought that something such as glass would be penetrated into my hand unintentionally and I distracted my thought in order not to feel the smell of chemotherapy. I thought about a garden full of flowers. When I entered the garden, pink and white flowers were everywhere and I really felt them even those small butterflies that were flying around flowers and even the breeze that shook the trees”.

According to the patient’s experience, positive and optimistic thinking about all of her blessings and comparing herself with those who have worse condition than her result in positive attitude about all stages of her disease and this made her to be always happy and satisfied. She used to look for the best in any situation and expecting good things to happen. She believed, expect or hope that things will turn out well. She believed that her own feelings and actions result in positive things happening. She stated that she is responsible for her own happiness and that she could expect more good things to happen in the future.

“I have something that many others do not have them. For example, if I were blind or I did not have house or if there was no water and bath in my house what shall I do with such situation? There are many such people who are living in Kahnouj and

Jiroft. There is no different between us and I am not superior to them. We are all human beings even they are better than me.”

In her experience, people had almost disappointed and negative view about her situations; however, she did not limit herself because of their reaction. She was able to change her friends and relatives’ negative feedback towards her. She tried to keep her normal social life, attend to different public place, and continue her job as teacher although she was aware of people whispering about her blindness.

“When my husband and I went to religious rites or Imam Reza Shrine, we separated from each other in the middle of the way and I heard that some women whispered with each other about my situation and felt pity on me. I noticed all of these things but I smiled because God’s love was the most important thing for me and I did not want to become reserved due to such things.”

Awareness, Acceptance, and Appreciation

According to patient’s experiences, it seems that being aware of abilities as well as disabilities, and accepting both abilities and disabilities make her to be appreciated in all parts of life. She recognized that she is part of life, that she is connected to things. She actually accepted to be part of life. She has clear awareness of her strengths and weaknesses, thoughts and beliefs. She could develop a life and continue her job that has satisfaction, meaning and worth in it. Even with those painful events in her life.

“I had been worked for 10 years before my blindness. I always thought that I would lose my job because of my blindness but I have worked for 31 years while all my colleagues who were healthy were retired after 20 or 25 years. Even I was invited to work for extra one or two years. Then I started to help baby keepers who were working in neonatal classes. There were 25 neonates and they cried very much. I fed them milk powder, I played with them, and I did whatever I could.”

Full awareness and acceptance of realities made her to be always appreciated. She used to think more of those things that she has. She is happy or satisfied because what she has is appreciated. She always showed appreciation for what God gave her.

“I am ashamed of God, I have owed him, he has given me everything, and I always ask God to consider me as one of his good people. I am nothing and I was dependent on God’s grace and mercy. I have never felt disturbed. I appreciate God, my children have grown up and no problem was occurred, I continued my life and now I am old and retired.”

Patient’s awareness, acceptance, and appreciation of her strengths and disabilities allow her to understand other people and how they perceive her. Acceptance and appreciation caused her to have deeper intimacy with others because she can be herself and easily share her thoughts and feelings with others.

“I have many good friends that are God’s grace to me. They are very great and excellent. I have gone with them everywhere such as travelling, pick nick, or pilgrimage.”

Discussion

Blindness worsens mental-spiritual condition. Mal-adaptation to blindness will have negative outcomes on individual performance (Tunde-Ayinmode et al. 2011). In addition, cancer is a life-threatening disease that its diagnosis and treatment are stressful for everyone. Common side effects observed in diagnostic period are fear and anxiety, loneliness, fear of death, ambiguous and unknown perspective, and change of relations and tolerance of medical and painful practices (Ghanavati et al. 2014). In a study, 61 % of cancer patients claimed that their reaction was fear and frustration when knowing about their disease and cancer is a life and health threatening disease (Cordova et al. 2001). Cancer is a stressful disease accompanied with socio-mental and life quality outcomes such as anxiety and depression (Nikmanesh 2013). Most women are frustrated after diagnosis of breast cancer (Sajadian et al. 2011). In our example, the patient life was frustrated after blindness and cancer that is in agreement with previous knowledge.

Our finding showed spirituality and religious beliefs had very impact on patient adaptation. Using powerful inner strengths and embodying knowledge i.e. believing in God, trust on God, making love with God, and being a good servant for God were the most powerful inner source of motivation that made her to overcome her critical conditions. In agree with our result, several studies show that religious approach is the most practical among all adaptation strategies in Iran (Taleghani et al. 2006, 2008; Harandy et al. 2009). This belief that God is righteous affects highly positive attitude of humans towards the world and makes individual mentally calm. “Our lord is one who gives every creature the thing that deserves it then guided it in the way it should go” (Ta Ha Sura, verse 50) (Elahi ghomshe 1998). Trusting in God strengthens the will and avoids detrimental effects of mental factors. Therefore, the individual will reach his goal successfully and will accept the defeat, because he believes that God is able to provide condition for human achievements and apparent defeat is accepted and he will be psychologically safe. “One who trusts in God, he will be sufficed. Verily God will do his act and God has determined a certain size for everything” [TalaqSura (The Divorce), verse 3]. This verse shows that relying on trust and faith causes immunity against problems and disasters and this patient could reach relaxation by this method. Literature review showed that religion and spirituality has a largely beneficial influence on physical and mental health (Seybold and Hill 2001; Ripentrop et al. 2005; Salsman et al. 2015).

In addition, Spirituality is one of the human aspects that gives meaning to life and goals (Thornton and Perez 2006). Spirituality and life quality are positively correlated (Symonds et al. 2011). Also, spirituality can be effective on life quality and satisfaction (Farsi et al. 2010). Spiritual and mental issues for adaptation of patients to cancer have been referred to in many studies, and they are associated with recovery feeling of the patients (Taleghani et al. 2008; Büssing et al. 2006). One of the most powerful tools used by cancer patients for accepting disease is spirituality (Ghanavati et al. 2014). One of the changes that occurred in cancer patients is positive spiritual changes. Research showed that when people are affected by incurable diseases, such as cancer, they use religion and spirituality (Brennan 2001, Love and Sabiston 2011). Namaz praying is a kind of asking for help from God, and it has special customs. By Namaz praying and paying special attention to God, the mind will be free from hardships and reaches relaxation. After Namaz praying, people speak with God about their problems and asking for help from God results in being free from anxiety (Rahnama et al. 2012; Qidwai et al. 2009).

In the present study, the patient has used other mental-spiritual strategies including speaking with different part of her body, distraction, optimistic thinking and not paying attention to the others negative impulses. In patients with acquired blindness, factors, such as positive personality, positive self-concept, youth, higher level of socio-economic status, proper social relations, avoidance of isolation from society, using rehabilitative services, are effective on prevention from mental-spiritual problems and mal-adaptation (Tunde-Ayinmode et al. 2011). Patients with cancer use spiritual approaches, social support, encouragement, and cognitive reconstruction, change and separation from disease in order to live with it (Al-Azri et al. 2009). Five events of stress resulting from traumatic experiences include perceptual changes in self, change of interpersonal relationships, change of life philosophy, increase of awareness from new probabilities, and increasing thankfulness from life (Grubaugh and Resick 2007). All of these events were happened in our participant's life, and she was well adapted with her difficult conditions. However, people are different in coping with stress due to factors, such as personal experiences, individual characteristics, family life, education, and socio-economic status (Tunde-Ayinmode et al. 2011).

According to our patient experiences, awareness, acceptance, and appreciation were the outcome of being connected to supernatural spiritual power that means God. This helped her began to renew her life with perfect satisfaction. In the literature, the posttraumatic growth is divided into three stages after the event: the first stage includes changes perceived by the person such as feeling of being powerful, higher self-confidence, more experiences, and more powers against future challenges. The second stage is the changes in interpersonal relationships, such as a stable and powerful relationship. Stage three includes changes in philosophy and spirit. For example, new information about what is important for the person and increase of appreciation from life (Tedeschi et al. 1998). Armstrong, the champion of seven rounds of cycling tours in Tourdo-France, wrote in his dairy book "The fact is that cancer is the best event I faced in my life. I do not know why I was affected by this disease but it did many extraordinary things for me and I did not avoid it rather I am proud of it. During my disease, I felt more victories and achievements in competitions (Armstrong 2000)."

Humans are always surrounded by events in a way that many people encounter at least at one time or the other with fatal events. Trauma as a means for damaging body, mind, and interpersonal relations, associates adaptive effects of events to several issues, such as growth (Joseph and Linley 2006). Spirituality is effective on post-impairment growth in patients with cancer and other traumas. Therefore, post-impairment growth can be promoted with instruction and interventions, such as increasing the level of spirituality (Nikmanesh 2013).

Conclusion

According to the researchers, we should not search for great and religious people in history and books. By looking around, we come across people who are striking examples of patience and resistance. The case reported by the researchers was the same. Via the search done by the researchers in books (particularly Quran, divine text of Muslims), biography of great people, prophets and Imams, they could conclude that the greatest factor for being successful in such situations is to associate with the great source of relaxation, that is, God who is qualified for worship and thralldom. For the above-mentioned patient, being

affected by another disease can be another factor for this association. Because this patient encountered a great problem for the second time in her life and as said, problems and diseases make her grow after the event, she accepted the second event more openly. In the present paper, the biography of a woman was presented who became blind and after that she was affected by breast cancer when she was young. As seen in different sources, this patient has used the most important source, that is, spirituality for adaptation to her problems. This patient is still alive and in good health, and she has been invited to different circles to speak and encourage frustrated patients.

It is hoped that some strategies are considered for increasing spirituality in settings, such as oncologic wards of hospitals via holding instructional workshops in order for patients to pass stages of adaptation to such great stresses easily and rapidly.

Compliance with Ethical Standards

Conflict of interest There is no conflict of interest to be declared.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards. Kerman University of Medical Science approved this project. The subject participated in the study and allowed the researchers to publish the study by signing written consent form.

References

- Al-Azri, M., Al-Awisi, H., & Al-Moundhri, M. (2009). Coping with a diagnosis of breast cancer-literature review and implications for developing countries. *The Breast Journal*, *15*(6), 615–622.
- Armstrong, L. (2000). *It's not about the bike: My journey back to life*. New York, NY: G.P. Putnam's Sons.
- Aro, H., Huurre, T. (2000). The psychosocial well-being of Finnish adolescents with visual impairments versus those with chronic conditions and those with no disabilities. *Journal of Visual Impairment and Blindness (JVIB)*, *94*(10), 625–637.
- Bent Ashati, A. (2012). *Zeinab: Lady hero of Karbala*. Amir Kabir Publication. <http://bookroom.ir/book/14805%D8%B2%DB%8C%D9%86%D8%A8-%D8%A8%D8%A7%D9%86%D9%88%DB%8C-%D9%82%D9%87%D8%B1%D9%85%D8%A7%D9%86-%DA%A9%D8%B1%D8%A8%D9%84%D8%A7>.
- Brennan, J. (2001). Adjustment to cancer—Coping or personal transition? *Psycho-Oncology*, *10*(1), 1–18.
- Büssing, A., Matthiessen, P., Ostermann, T., & Abuhassan, W. (2006). Spirituality/religiosity and dealing with illness in Arabic and German patients. *Focus on Alternative and Complementary Therapies*, *11*(s1), 9.
- Cordova, M. J., Cunningham, L. L., Carlson, C. R., & Andrykowski, M. A. (2001). Posttraumatic growth following breast cancer: a controlled comparison study. *Health Psychology*, *20*(3), 176.
- Elahi ghomshe, M. (1998). *Translation of Quran: Persian Version*. CreateSpace Independent Publishing Platform. <http://readbook.ir/2955/>.
- Farsi, Z., Dehghan Nayeri, N., & Negarandeh, R. (2010). Coping strategies of adults with leukemia undergoing hematopoietic stem cell transplantation in Iran: A qualitative study. *Nursing and Health Sciences*, *12*(4), 485–492.
- Ghanavati, A., Mirzaei, H., & Tahmasebi, M. (2014). Spiritual growth in cancer patients: a qualitative study. *Bulletin of Environment, Pharmacology and Life Sciences*, *3*, 92–97.
- Grubaug, A. L., & Resick, P. A. (2007). Posttraumatic growth in treatment-seeking female assault victims. *Psychiatric Quarterly*, *78*(2), 145–155.
- Harandy, T. F., Ghofranipour, F., Montazeri, A., Anoosheh, M., Bazargan, M., Mohammadi, E., et al. (2009). Muslim breast cancer survivor spirituality: coping strategy or health seeking behavior hindrance? *Health Care for Women International*, *31*(1), 88–98.
- Joseph, S., & Linley, P. A. (2006). Growth following adversity: Theoretical perspectives and implications for clinical practice. *Clinical Psychology Review*, *26*(8), 1041–1053.
- Kulaini, M. Y. (1990). *Usool al-Kafi*. Qom, Ilmia Islamia Publication. <http://www.noorlib.ir/view/fa/book/bookview/image/14207>.

- Love, C., & Sabiston, C. M. (2011). Exploring the links between physical activity and posttraumatic growth in young adult cancer survivors. *Psycho-Oncology*, 20(3), 278–286.
- Mohammadi Reyshahri, M. (2007). *Mizanul hikmah*. (2nd ed.) Qom, Chap and Nasher Publication. http://ghbook.ir/index.php?option=com_mtree&task=viewlink&link_id=14181&lang=fa.
- Motahari, M. (2006). *Divine justice*. Qom, Sadra Publications. <http://motahari.ir/fa/content/185>.
- Nikmanesh, Z. (2013). Prediction of posttraumatic growth base on of spirituality and social support in patients with breast cancer. *Iranian Journal of Breast Disease*, 6(2): 35–42. Url: http://www.ijbd.ir/browse.php?a_code=A-10-222-20&slc_lang=fa&sid=1.
- Pinquart, M., & Pfeiffer, J. P. (2012). Psychological adjustment in adolescents with vision impairment. *International Journal of Disability, Development and Education*, 59(2), 145–155.
- Qidwai, W., Tabassum, R., Hanif, R., & Hanif Khan, F. (2009). Belief in prayers and its role in healing among family practice patients visiting a teaching hospital in Karachi, Pakistan. *Pakistan Journal of Medical Science*, 25(2), 182–189.
- Rahnama, M., FallahiKhoshnab, M., Maddah, S. S. B., & Ahmadi, F. (2012). Iranian cancer patients' perception of spirituality: a qualitative content analysis study. *BMC Nursing*, 11(19), 1–8.
- Rasouli Mahalati, S.H. (2012). *Tarikh-e anbiya: Qesas-e Quran az Adam to khatim al-nabiyin*. Bustan-e Ketab. <http://bookroom.ir/book/424>.
- Rippentrop, A. E., Altmaier, E. M., Chen, J. J., Found, E. M., & Keffala, V. J. (2005). The relationship between religion/spirituality and physical health, mental health, and pain in a chronic pain population. *Pain*, 116, 311–321.
- Sajadian, A., Shahpar, H., Montazari, A., Kazemnejad, A., Alavi Fili, A. (2011). Post diagnosis coping strategies patients with breast cancer. *Iranian Journal of Breast Disease*, 4(3):52–58. Url:http://www.ijbd.ir/browse.php?a_code=A-10-4-68&slc_lang=fa&sid=1.
- Salsman, J. M., Pustejovsky, J. E., Jim, H. S. L., Munoz, A. R., Merluzzi, T. V., George, L., et al. (2015). A meta-analytic approach to examining the correlation between religion/spirituality and mental health in cancer. *Cancer*, 121, 3769–3778.
- Seybold, K. S., & Hill, P. C. (2001). The role of religion and spirituality in mental and physical health. *Current Directions in Psychological Science*, 10, 21–24.
- Shahriari, H. A., Izadi, S., Rouhani, M. R., Ghasemzadeh, F., & Maleki, A. R. (2007). Prevalence and causes of visual impairment and blindness in Sistan-va-Baluchestan Province, Iran: Zahedan Eye Study. *British Journal of Ophthalmology*, 91(5), 579–584.
- Symonds, L. L., Yang, L., Mande, M. M., Mande, L. A., Blow, A. J., Osuch, J. R., et al. (2011). Using pictures to evoke spiritual feelings in breast cancer patients: Development of a new paradigm for neuroimaging studies. *Journal of Religion and Health*, 50(2), 437–446.
- Taleghani, F., Yekta, Z. P., & Nasrabadi, A. N. (2006). Coping with breast cancer in newly diagnosed Iranian women. *Journal of Advanced Nursing*, 54(3), 265–272.
- Taleghani, F., Yekta, Z. P., Nasrabadi, A. N., & Käppeli, S. (2008). Adjustment process in Iranian women with breast cancer. *Cancer Nursing*, 31(3), 32–41.
- Tedeschi, R. G., Park, C. L., & Calhoun, L. G. (1998). *Posttraumatic growth: Positive changes in the aftermath of crisis*. London: Routledge.
- Thornton, A. A., & Perez, M. A. (2006). Posttraumatic growth in prostate cancer survivors and their partners. *Psycho-Oncology*, 15(4), 285–296.
- Tunde-Ayinmode, M. F., Akande, T. M., & Ademola-Popoola, D. S. (2011). Psychological and social adjustment to blindness: understanding from two groups of blind people in Ilorin, Nigeria. *Annals of African medicine*, 10(2), 155–164.