



The Effect of Religious Psychotherapy Emphasizing the Importance of Prayers on Mental Health and Pain in Cancer Patients

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Abstract

The religious aspect is the most important aspect of the human nature that helps the human achieve the meaning and purpose of life as well as playing a very important role in the health of patients. This study aimed to determine the effect of religious psychotherapy emphasizing the importance of prayers on mental health and pain in cancer patients. This study is a clinical trial that was conducted in 2017 in Yasuj, Iran. According to the purpose of the study, the patients were randomly assigned into two experimental and control groups. Prayers 15 and 23 of the SahifehSajjadiyeh book were read at the beginning of the treatment sessions, and the patients were asked to pay attention to the meaning of prayer. The data were analyzed using SPSS 16 software. Before implementing the intervention, the mean and standard deviation of mental health score of the patients in the experimental and control groups were equal to 16.40 (2.21) and 16.56 (1.56). But after implementing the intervention, the mean and standard deviation of mental health score were equal to 11.24 (2.93) and 16.82 (1.83) which illustrates a significant statistical increase. Implementing the supportive spiritual intervention has been tested to enhance the mental health and reduce the pain of patients in the experimental group. Regarding this improvement, it is suggested a religious intervention be implemented to increase these patients' health in a participatory way.

Keywords Religious · Mental health · Pain · Cancer

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Introduction

Being informed about cancer is worrying for anyone and causes changes in the person affected (Baljani et al. 2011; Khoshnood et al. 2018). Cancer is one of the chronic diseases that is growing and is considered as one of the most important chronic diseases in Iran in recent years (Borji et al. 2017; Khoshnood et al. 2018) that causes side effects for patients (Borji 2017). Annually, more than 7 million people in the world die from cancer, and in 2010 (Ayatollahi et al. 2013) it was predicted that the number of new cases would increase from 10 million persons to 15 million persons. Currently, cancer is one of the main health issues in Iran and around the world the third leading cause of death and the second largest group of chronic and non-contagious diseases (Asadi et al. 2018; Safaeian et al. 2017).

Problems and complications of cancer patients are changes in health (Hughes et al. 2018; Motaghi et al. 2017), life expectancy, mental (Lloyd et al. 2018) and spiritual health (Chaar et al. 2018) so that cancer patients have lower quality of life (Hughes et al. 2018) and more problems like stress, anxiety and depression (Bronner et al. 2018). Other problems related to these patients can be their spiritual health so that the disease can reduce the spiritual health of these patients (Ahmadi et al. 2018). Disease by causing problems for a person will change their life expectancy and affect their mental health (Hoseini et al. 2017).

Mental health plays an important role in the health of the patients (Borji et al. 2018a). One of the relevant variables that affects mental health, in cancer patients, is life expectancy (Steffen et al. 2018). Mental health plays an important role in improving the lives of cancer patients. Factors such as stress, anxiety and depression affect mental health and reduce the quality of life of these patients (Pouy et al. 2018). Pain is another important issue in these patients. For this reason it is necessary for interventions to reduce it be done (Borji and Safari 2018).

Today, psychiatrists are looking to discover alternative treatments for the improvement of mental diseases, and they have been creative and innovative in the field of psychological health and well-being. So for improving mental diseases in addition to medicine therapy and other common modern medical and therapeutic facilities, praying, spirituality, spiritual medicine and spiritual therapy are used to improve mental diseases (Iranmehr and Kadkani 2017). Spiritual health is a significant factor in life and helps persons to adapt to cancer, reduce mental suffering and increase the mental health of patients. On the one hand, the feeling of comfort and power from religious beliefs can have a beneficial role in health and feeling good (Agli et al. 2018; Lai et al. 2018). In fact, the spiritual aspect is the most important aspect of the human nature that helps the human achieve the meaning and purpose of life, as well as playing a very important role in the health of patients (Ross et al. 2018). If spiritual health is compromised, the patient is at risk of mental disorders such as loneliness, depression and loss of meaning in life (Yazdi et al. 2005).

Among other problems in these patients, pain can be mentioned. Pain is one of the problems of patients that affects their quality of life and reduces their quality of life (Khezri Moghadam et al. 2018). There are many ways to reduce the pain of cancer patients. These include the use of drug and non-drug interventions. Drug interventions are both costly and cost-effective. For this reason, the use of non-pharmacological interventions is more important. Religious intervention is one of the non-pharmacological interventions that helps patients' health (Hoseini et al. 2017).

Religious intervention is one of the health promotion interventions in patients and has had a positive effect on patients in several studies (Bagheri et al. 2018a, b). Considering the

Table 1 Content of training sessions (Sharifi Riggi et al. 2018)

First session	<ol style="list-style-type: none"> 1. Group rules such as confidentiality of information and group purposes were taught to the patients 2. At this stage, a teaching booklet was given to the patients in the Arabic and Persian languages with the purpose of the benefits of prayer 3. The prayers given included health-related prayers in the SahifehSajjadiyeh 4. The verses of the Quran, mentioning patience and passing hardships, were given to the patients 5. For patients in the test group, group meetings were held and verses and prayers were recited
Second session	<ol style="list-style-type: none"> 1. The patients were taught that unpleasant events such as illness could enhance knowledge of wisdom and goodwill. Verse نَكَرَ هُوَ شَيْئًا وَهُوَ خَيْرٌ لَكُمْ وَعَسَى أَنْ تُحِبُّوا شَيْئًا وَهُوَ شَرٌّ لَكُمْ وَاللَّهُ يَعْلَمُ وَأَنْتُمْ لَا تَعْلَمُونَ كَيْفَ عَنَيْتُمْ الْقِتَالَ وَهُوَ كَرِهَ لَكُمْ وَعَسَى أَنْ possible that ye dislike a thing which is good for you, and that ye love a thing which is badfor you. But Allah knoweth, and ye know not) was read to the patients, and they were told to keep this verse and repeat it three times a day 2. At this meeting, the spiritual and future benefits of illness were explained to patients through the content of the prayers mentioned. In addition, the hidden blessings of illness, the comparison of the attitude toward the disease in terms of material and monotheism were explained and the patients were helped to have a monotheistic attitude 3. The meaning of suffering and illness was described in the view of Imam Sajjad. For example, the patients were told that the common reactions in cancer patients are the need to be forgiven, spiritual growth and divine testing 4. As these patients suffer from pain and mental health problems, training on religious coping strategies was explained. For example, the patients were told to pray (Allah Akbar, Glory of God, Oh God, bless Muhammad and Ali Muhammad) (اللهم صلى على محمد و على محمد) regularly whenever they had pain or suffered from stress and anxiety 5. The concept of patience was used in prayer to control pain. For example, efforts were made to use methods such as intellectual challenge, group discussion, and pattern and head of religious patterns. In doing so, the patients were told to use prayer repeatedly during the pain
Third session	<ol style="list-style-type: none"> 1. Reviewing the previous meeting, question and answer 2. The development of adaptive methods, such as positive and hopeful thinking about the disease, by reinforcing a proper understanding of illness and God's beneficence, with an emphasis on divine power 3. The development of spiritual skills such as relying on and trust in God and the role of trust in preventing negative self-esteem 4. In order to reduce idleness and passivity, which lead to helplessness of patients, a meeting of prayer, congregation, and praying was held for them
Fourth session	<ol style="list-style-type: none"> 1. Reviewing the previous meeting, questions and answers and evaluating the assignments given 2. Once again, the mentioned words and prayers were reviewed. The concept of gratefulness was explained to patients, and they were all asked to continually read the prayer (hardship is easy) إِنَّ مَعَ الْعُسْرِ يُسْرًا that emphasizes gratitude 3. With an emphasis on the prayers, the concepts of positivity and optimism based on the Quranic verses, the development of the meaning of gratitude and the desire for health were explained

Three patients in the experimental group and two in the control group were excluded. The data were analyzed using SPSS 16 software

Table 2 Demographic characteristics of patients in the experimental and control group

Demographic variables	Subsets	(Percentage) number		<i>P</i>
		Experimental	Control	
Sex	Male	13 (35.1)	18 (46.2)	0.24
	Female	24 (64.9)	21 (53.8)	
Marital status	Widowers	18 (48.6)	11 (28.2)	0.37
	Married	19 (51.4)	28 (71)	
Education	Illiterate	5 (13.9)	2 (5.1)	0.18
	Primary	9 (24.3)	13 (33.3)	
	Middle school	12 (32.4)	15 (38.5)	
	High school	9 (24.3)	8 (20.5)	
	University	2 (5.4)	1 (2.6)	
Monthly income (RIAL)	Less than 500	9 (24.3)	7 (17.9)	0.55
	Between 500 and 1000	20 (54.1)	23 (59)	
	More than 1000	8 (21.6)	9 (23.1)	
Social support	Low	7 (18.9)	12 (30.8)	0.67
	Medium	26 (70.3)	19 (48.7)	
	High	4 (10.8)	8 (20.5)	

necessity of the subject, this study was conducted to determine the effect of the effect of religious psychotherapy emphasizing the importance of prayers on mental health and pain in Cancer patients.

Materials and Methods

This study is a semi-experimental study that was conducted in 2017 in Iran. According to the purpose of the study, the patients were randomly assigned into two experimental and control groups.

The research team provided a list of patients with cancer. The number of eligible patients to participate in the study was 76 patients, according to studies in this field. According to the list, we started from the first one and interviewed the patients. Before beginning the interviews, we talked to the patients and if they were willing to participate in the study, we took their consent to take part in the study. Then, the patients were randomly divided into experimental and control groups. So we started from the beginning of the list; if the first patient had signed the informed consent to participate in the study, he was placed in the experimental group and the next patient was placed in the control group, and if he did not sign the consent to participate in the study, he was excluded from the study.

One of the questionnaires used in this study was a demographic questionnaire, which included questions about age, gender, grade of education, economic status and field of study. The second tool was GHQ-28 General Health Questionnaire which had 28 questions in 4 dimensions of physical symptoms (seven items), anxiety symptoms (seven items), social function (seven items) and symptoms of depression (seven items). In total, students earned a score between zero and 84, and the higher they scored, the worse the health of the individual. In this questionnaire, earning a score of zero to 27 meant desirable general

Table 3 Comparison of mean and standard deviation of mental health and pain dimensions in patients in the experimental and control groups before and after the intervention

Variable	Before intervention		After intervention		<i>P</i> value
	<i>E</i>	<i>C</i>	<i>E</i>	<i>C</i>	
Physical symptoms	16.40 (2.21)	16.56 (1.56)	9.91 (3.90)	16.82 (1.83)	0.000
	0.71		0.000		
Anxiety	14.29 (1.63)	15.20 (2.09)	11.24 (2.93)	15.12 (2.41)	0.000
	0.15		0.000		
Disorder in the social function	14.75 (1.60)	15.74 (1.77)	10.62 (3.78)	15.51 (2.12)	0.000
	0.50		0.000		
Basic depression	15.05 (1.43)	14.41 (1.61)	9.94 (2.78)	14.41 (1.61)	0.000
	0.73		0.000		
Total score of general health	60.51 (3.48)	61.92 (3.94)	41.72 (10.17)	61.87 (4.11)	0.000
	0.50		0.000		
Pain	8.21 (1.08)	7.92 (0.92)	5.61 (1.91)	7.27 (1.53)	0.000
	0.22		0.000		

health, a score of 28–55 meant good general health, and a score of 56–84 meant undesirable general health (Goldberg and Hillier 1979; Lobo et al. 1986). The pain questionnaire was used to assess and measure the amount of pain. To measure pain, pain assessment tools numbered from 1 to 10 were used (Borji et al. 2018b).

The general outline of the meetings: while presenting a proper conception of the effects of religious attitudes to the patients, the researcher helped the patients to strengthen their religious beliefs and to pay more attention to and focus on the order of the world, the wisdom and beneficence of God, as well as the gratitude in hardship and hope for divine mercy. Then, prayers 15 and 23 of the SahifehSajjadiyeh book were read at the beginning of the treatment sessions and the patients were asked to pay attention to the meaning of prayer. In addition, the patients were asked to adopt appropriate religious strategies to increase mental health and control pain based on the Quranic teachings related to the contents of prayers 15 and 23 of the SahifehSajjadiyeh and the psychological mechanisms existing in these prayers. It should be noted that some of the religious principles of Richards and Bergin were implemented for the patients with an emphasis on Islamic teachings including prayer, reading sacred books, going to religious places and forgiving the patients (Sharifi et al. 2018) (Table 1).

Result

The findings of Table 2 show the demographic characteristics of the patients under study. According to the findings, there was no significant difference between the demographic characteristics of the patients in the experimental group and the patients in the control group.

The findings of Table 3 show the difference in mean and standard deviation between the dimensions of mental health and pain in patients in the test and control group. According to the findings, after the intervention, the mental health of the patients in the experimental group was increased and the level of perceived pain was statistically significant.

Discussion

Religion is one of the most important variables in health (Dehghan et al. 2017). The results of the present study showed that the implementation of a spiritual intervention has increased the life expectancy of cancer patients. In the study by Ashvandi et al. that was conducted to determine the effect of spiritual counseling on the death anxiety in patients with renal failure, the results showed that the implementation of a spiritual intervention, which included supportive presence, support for religious services and use of supportive systems, reduced the anxiety level of death in hemodialysis patients with chronic renal failure at the end stage, which is consistent with the results of this study (Oshvandi et al. 2018).

According to the results of the present study, the implementation of a spiritual intervention has led to an increase in life expectancy in patients with cancer, which was compared with the study results of Salimi et al. about the effect of spiritual self-care program on patients' life expectancy with coronary artery in a group. The results showed that the implementation of three sessions of one and a half hours of spirituality workshop as one other day and weekly increased the patients' life expectancy (Salimi et al. 2016), which is consistent with the results of the present study. Also, in the study by Morasai et al. that was conducted to determine the effect of a spiritual counseling program on hope in patients with chronic renal failure, eight spiritual counseling sessions were held for the patients. The results showed that although no significant difference was found between the life expectancy scores of the patients in the experimental and control groups before implementing the intervention, the patients' life expectancy in the experimental group was significantly increased after implementing the intervention (Morasei and Aghajani 2014), which was consistent with the results of the present study. It should be noted that the type of spiritual intervention of the present study was similar to that study but its implementation method was different.

Conclusion

According to the results of this study, the implementation of supportive spiritual intervention has led to an increase in the patients' life expectancy in the experimental group. Regarding this improvement, it is suggested to implement a spiritual intervention in order to improve the health of these patients in a participatory way aimed to increase the patients' life expectancy. It is also recommended that nurses train their patients in the implementation of such interventions in their nursing care and provide them with the necessary background for their recovery.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Human and Animal Rights This research has been approved by the Ethics Council in the study of the University of study.

Informed Consent Informed consent was taken from the participants. The patients were randomly assigned in the spiritual intervention group and control group. Patients received no payment and could leave the study at any time during the study period.

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