



**THE IMPACT OF SPIRITUAL THERAPY ON INCREASING THE RESILIENCE
AND HOPE IN PHYSICAL AND MOVEMENT DISABLED PEOPLE**

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ABSTRACT

This study aims at investigating the effect of spiritual therapy on increasing the hope and resilience in physical and movement disabled people in Raad Rehabilitation Goodwill Complex of Tehran. This research is a quasi-experimental study with pretest-posttest plan and control group. The statistical population consists of the physical and movement disabled people referred to Raad Complex from April to September 2014. 30 people with disabilities are randomly selected by voluntary sampling and put in both experimental and control groups. The hope and resilience inventories are implemented on both experimental and control groups. Miller Hope Scale (MHS) and Connor-Davidson Resilience Scale (CD-RISC) are the measurement tools in this research. Data analysis is performed through multivariate analysis of covariance. The results indicate that the spiritual therapy will increase the hope and resilience in disabled people and this increase is higher in resilience than the hope. Furthermore, the findings indicate the effect of spiritual therapy on dimensions namely the confidence in individual instincts and tolerating negative emotions, the positive acceptance of change and safe relationships, the control and spiritual effects (resilience components), but the spiritual education has no significant effect on the notion of personal competency.

Keywords: Spiritual Therapy, Hope, Resilience

INTRODUCTION

The spirituality is one of the human capabilities and provides the ways of coping and problem-solving strategies for individuals, creates a sense of significance at the people hearts as a source of social support against the confusion and tragedy and gives them a sense of indirect control on the events and eventually leads to a

reduction in isolation (Shafiabadi, 2009). It seems that the attention to the spirituality is helpful in all people and clients, but the spiritual matters is significantly important especially in those referred to chronic medical diseases, people with disabilities, and those close to death, the elderly and religious minorities. Each of these groups is a part of society and it is essential to pay attention to them. From the perspective of the World Health Organization (WHO), the disability is a set of mental or physical disorders which prevent the person from the continuation of independent individual and social life (Shafiabadi, 2009).

The disable people always tolerate a lot of tension and stress in their lives and they often occupy their minds and question their ability in most of the cases, so that they have feelings of inferiority and become disappointed and discouraged more than before (Debashzadeh, 2004).

On the other hand, the hope is considered as a human coping source during the compatibility with problems and even the refractory diseases. Furthermore, the hope can be described as a healing, multi-dimensional, dynamic and powerful factor which plays an important role in coping with the loss (Gholami et al, 2009). The disability creates the anxiety in any dimension and makes the crisis for disabled

person and thus the person feels that he is in the middle of his way (Heidarpour, 2008).

The resilience is the individual capability for establishing the bio-psychological and spiritual balance against the precarious conditions (Connor and Davidson, 2003). The resilience is the human capacity to face and overcome with, learn from, and even being changed by the unfortunate and unavoidable life situations (Grotberg, 2004). In line with the above-mentioned cases, this study seeks to answer this question whether the spiritual therapy education increases the hope and resilience in physical and movement disabled people.

MATERIALS AND METHODS

This research has the quasi-experimental type with pre and post-test plan and control group.

The statistical population consists of the physical and movement disabled people in Raad Rehabilitation Goodwill Complex of Tehran from April to September of 2014 at the ages of over 18 and under the health care and rehabilitation service of this center.

According to some researchers, the number of each studied group in quasi-experimental studies can be at least 15 (Delavar, 2008). Since there is an experimental and a control group in this study, the sample size is estimated equal to 30 and this is increased by 36 by considering the possibility of loss, and sample loss. Sampling has voluntary

type. The total statistical sample size was equal to 150 in this institute and 100 subjects responded to the hope and resilience questionnaires. A total of 60 subjects with scores lower than the average were selected at both scales. Moreover, the group members were excluded from the group in the case that they had more than 3 times of absence. Finally, 30 subjects remained until the end of training period.

The multiple analysis of covariance is utilized through SPSS software in order to investigate the hypotheses.

RESULTS

Main hypothesis: The spiritual therapy affects the increased hope and resilience in physical and movement disabled people.

The multiple analysis of covariance is utilized through SPSS software in order to investigate the main hypotheses. The parametric test is usually applied when the research investigates the effect of an independent variable on two dependent variables.

The data of table 1 are related to the estimated values of F test according to four characteristics. As shown, the values of all four tests are significant. Therefore, the independent variable affects the dependent variables. The F values, obtained in table, are similar to the F values in analysis of variance. In fact, F in the analysis of variance is equal to the ratio of variance due

to the manipulation of independent variables to the error of variance. According to the analysis of multivariate variances, this value is reported in four forms above. Therefore, the significance of F values in these four tests indicates the significant effect of independent variables on the dependent variables.

The data of table 2 is about the results of multivariate analysis of covariance. As shown, the spiritual therapy affects the resilience with confidence of 99% and affects the hope with confidence of 95% in children. Furthermore, the test ability in resilience is equal to 0.814. The data of table indicates that the statistical ability of hope is equal to 0.714. Therefore, the spiritual therapy has higher effect on the resilience than the hope.

Sub-hypothesis

The spiritual therapy affects the increased resilience and each component of resilience (notion of personal competency, confidence in individual instincts and tolerating negative emotions, positive acceptance of change and safe relationships, and control and spiritual effects) in physical and movement disabled people.

The data of table 3 indicate that the spiritual therapy has a significant effect on the "resilience", "positive acceptance" and "control" at the level of 0.01, but it has a significant effect on the "confidence in

individual instincts", and individual "spiritual effects" at the level of 0.05. The results of analysis of covariance indicate the spiritual therapy has the maximum effect on the control according to the test ability of 0.976, and then the positive acceptance with test ability of 0.812, the resilience with test ability of 0.687, the confidence in individual instincts with 0.605, and finally the spiritual effects with test ability of 0.589. The results of table 3 indicate that it has no significant impact on the "personal competency".

Sub-hypothesis 2

The spiritual therapy affects the increased hope in physical and movement disabled people.

According to the data of table 4, since $F=43.19$ with degrees of freedom ($df=1$ and

$df=28$) at the significance level of $\alpha=0.05$, the null hypothesis is rejected and the research hypothesis is confirmed at the confidence level of 95%. In other words, the teaching teaching affects the life expectancy in physical and movement disabled people in Raad Rehabilitation Goodwill Complex of Tehran. Furthermore, the effect of spirituality teaching on the hope in physical and movement disabled people is estimated equal to 60.7% according to Eta coefficients. According to the comparison of mean difference in control and experimental groups, the individual mean scores in hope are reduced in experimental group at the post-test stage.

Table 1: Results of multivariate analysis of covariance table

Tests	Total	F	Degree of freedom for hypothesis	Degree of freedom for error	Significance level
Pillai's trace	0.338	6.386	2	25	0.006
Wilks' lambda trace test	0.662	6.386	2	25	0.006
Hotelling's Trace	0.511	6.386	2	25	0.006
Roy's Largest Root trace test	0.511	6.386	2	25	0.006

Table 2: Results of multivariate analysis of covariance

Variable		Sum of squares	Degree of freedom	Mean square	F	Significance level	Effect size	Test ability
Group	Resilience	613.95	1	613.95	8.7	0.006	0.253	0.814
	Hope	1003.74	1	1003.74	6.8	0.014	0.209	0.714
Error	Resilience	1816.99	26	69.88	-	-		
	Hope	3796	26	146	-	-		
Sum	Resilience	45809	30	-	-	-		
	Hope	94121	30	-	-	-		

Table (3): Results of multivariate analysis of variance

Variable		Sum of squares	Degree of freedom	Mean square	F	Significance level	Eta coefficient	Test ability
Group	Resilience	423.76	1	423.76	6.7	0.006**	0.153	0.687
	Personal competency	398.13	1	398.13	2.94	0.102	0.134	0.371

	Confidence in individual instincts	11.4	1	11.4	5.5	0.03*	0.225	0.605
	positive acceptance of change	4.2	1	4.2	8.9	0.007**	0.32	0.812
	Control	90.39	1	90.39	17.26	0.001**	0.476	0.976
	Spiritual effects	11.2	1	11.2	5.3	0.043	0.183	0.589

* Significance at the level of 0.05, ** Significance at the level of 0.01

Table (4): Results of analysis of covariance for the second hypothesis

Dependent variable of hope post-test						
Source of changes	Sum of squares	Degree of freedom	Mean square	F	Significance level	ETA coefficients
Covariance effect	263203.33	1	263203.33	755.26	0.000	0.964
Group (experimental/control)	15052.80	1	15052.80	43.19	0.000	0.607
Error	9758.87	28	348.50			
Sum	288014.00	30				

CONCLUSION

According to the investigation of main hypothesis, the spiritual therapy (spirituality training) increases the hope and resilience in physical and movement disabled people. The statistical results of this hypothesis indicate that the spirituality teaching increases the hope and resilience in physical and movement disabled people. The results of this research are consistent with the findings of research by Fallah [8], Azizi-Abarghouei [2], Zerehpoush [17], Gholami and Shablideh [11], Gholami et al [12], and Faghihi Marghi [7]. Furthermore, the results of this research are consistent with the findings of research by Davinson [4], about the impact of spiritual teaching on the chronic diseases.

According to the first hypothesis, the spiritual therapy (spiritual teaching) increases the resilience and each component of resilience (notion of personal competency, confidence in individual instincts, tolerating negative emotions, positive acceptance of change and safe relationships, and control and spiritual

effects) in physical and movement disabled people. The findings of this study are consistent with the results of research by Gholami and Shablideh [11], Shabazi-rad [15], Zahed et al [16], and Noone and Hastings [13].

According to the second hypothesis, the spiritual therapy (spiritual teaching) affects the hope in physical and movement disabled people. The obtained statistical results of this hypothesis indicate that the spiritual teaching increases the hope in physical and movement disabled people. Some studies in this regard are as follows: The research by Azizi-Abarghouei [2], Asghar Zerehpoush [17], and Gholami et al [12]. Their findings are consistent with the findings of this study. If the depression is considered as the outcome of disappointment, the results of this research are consistent with the studies which have investigated the relationship between the spirituality and its components with depression such as the research by

Amir Arjomandi [1], and Bahrami Dashtaki [3].

According to the explanation of findings in this study, the following cases can be mentioned as follows:

The disability is a crisis which can be happened for anyone and thus the person may be in a position different from the past or distinct from others. The physically disabled people may be in a defective cycle and have less hope due to their negative attitudes towards their own disabilities. Given that the hope is an inseparable belonging to the existence of any human and is integrated with the concept and values of life, the spirituality teaching in this study has been able to increase the hope in disabled people by changing the individual thought, attitude and behavior towards the adverse conditions.

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