

Artículo de investigación

Determining the effectiveness of therapeutic spirituality on psychological well-being and life expectancy in cancer patients

Determinar la efectividad de la espiritualidad terapéutica en el bienestar psicológico y la esperanza de vida en pacientes con cáncer

Determinando a eficácia da espiritualidade terapêutica no bem-estar psicológico e na expectativa de vida em pacientes com câncer

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Abstract

The purpose of this study was to determine the effectiveness of therapeutic spirituality on psychological well-being and life expectancy in cancer patients, and the present research plan is a semi-testand, in terms of purpose is fundamental -applied and it is library-field-based type. The statistical population of this study included cancer patients who referred to Milad Specialized Hospital in 2017. Among the statistical population, 30 people were selected using purposeful sampling, which were divided into two test groups (n=15) and control (n = 15). Data collection tools included Reif psychological well-being questionnaire (1989) and Snyder's hopefulness questionnaire.

Data were analyzed by SPSS software using descriptive statistics (mean and standard deviation) and inferential statistics (covariance analysis for testing hypotheses). The results of this study showed that therapeutic spirituality has a significant effect on psychological well-being and life expectancy in cancer patients. The effect of therapeutic spirituality on the psychological well-being of patients with cancer is equal to (coefficient: 0.73), other results show that the effect of spirituality on the life expectancy of cancer patients has been equal to 0.29.

Keywords: Life Expectancy, Psychological Well-Being, Cancer Patients, Therapeutic Spirituality

Resumen

El propósito de este estudio fue determinar la efectividad de la espiritualidad terapéutica en el bienestar psicológico y la esperanza de vida en pacientes con cáncer, y el presente plan de investigación es semi-estadístico, en términos de propósito es fundamental -aplicado y es biblioteca-campo basado en el tipo. La población estadística de este estudio incluyó pacientes con cáncer que remitieron al Milad Specialized Hospital en 2017. Entre la población estadística, se seleccionaron 30 personas mediante un muestreo intencional, que se dividió en dos grupos de prueba (n = 15) y control (n = 15) . Las herramientas de recopilación de datos incluyeron el cuestionario de bienestar psicológico Reif (1989) y el cuestionario de esperanza de Snyder.

Los datos fueron analizados por el software SPSS usando estadística descriptiva (media y desviación estándar) y estadística inferencial (análisis de covarianza para probar hipótesis). Los resultados de este estudio mostraron que la espiritualidad terapéutica tiene un efecto significativo sobre el bienestar psicológico y la esperanza de vida en pacientes con cáncer. El efecto de la espiritualidad terapéutica en el bienestar psicológico de los pacientes con cáncer es igual a (coeficiente: 0,73), otros resultados muestran que el efecto de la espiritualidad en la

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esperanza de vida de los pacientes con cáncer ha sido igual a 0,29.

Palabras clave: Expectativa de vida, bienestar psicológico, pacientes con cáncer, espiritualidad terapéutica.

Resumo

O objetivo deste estudo foi determinar a eficácia da espiritualidade terapêutica no bem-estar psicológico e expectativa de vida em pacientes com câncer, e do presente plano de pesquisa é semi-estatístico, em termos de efeito, é fundamental aplicada e biblioteca- campo com base no tipo. A população estatística deste estudo incluiu pacientes com cancro que se refere a Milad Hospital em 2017. Entre população estatística especializado, 30 pessoas foram seleccionados por amostragem intencional, o qual foi dividido em dois grupos de teste ($n = 15$) e de controlo ($n = 15$). As ferramentas de coleta de dados incluíram o questionário de bem-estar psicológico Reif (1989) e o questionário Snyder Hope.

Os dados foram analisados pelo software SPSS, utilizando estatística descritiva (média e desvio padrão) e estatística inferencial (análise de covariância para testar hipóteses). Os resultados deste estudo mostraram que a espiritualidade terapêutica tem um efeito significativo no bem-estar psicológico e na expectativa de vida em pacientes com câncer. O efeito da espiritualidade terapêutica no bem-estar psicológico dos pacientes com câncer é igual a (coeficiente: 0,73), outros resultados mostram que o efeito da espiritualidade na expectativa de vida dos pacientes com câncer tem sido igual a 0 29.

Palavras-chave: Esperança de vida, bem-estar psicológico, pacientes com câncer, espiritualidade terapéutica

Introduction

Spirituality, as one of the dimensions of humanity, includes consciousness and self-knowledge; this awareness may lead to an experience that goes beyond us. Spirituality is universal and as emotion has many and different levels and effects; it may be vigilant or unconscious, developed or undeveloped, healthy or sickly, simple or complex, useful or dangerous (Ghobari Bonab et al., 2007).

Spirituality is a good way to guide and inner knowledge, maintain intellectual balance, inner and outer calmness, and function with insight, peace and kindness (Raghibi & Ghareh Chahi, 2013), which improves daily function and physical and mental health of a person (Zarei Mahmoudbadi & SadrPoushan, 2014). It includes the perception of meaning and having mission in life, the sense of holiness in life, the balanced understanding of values, and the promotion of the threshold of tolerance in difficult circumstances. A person with high spirituality has the flexibility, self-awareness, capacity for inspiration and intuition, a holistic view of the world that seeks to answer the fundamental questions of life and critique traditions and customs that can easily be transformed into

human beings. And is one of the variables that can affect the health of individuals (Amram, 2009).

Today, despite the remarkable scientific advances in psychiatry and psychotherapy, some prominent scholars have emphasized the need for the role, importance, and necessity of spirituality in mental health and psychotherapy, which suggest that the components of spirituality provide relief and quicker recovery and psychological problems.

So, about thirty years ago, spirituality has officially entered the clinical work of psychotherapists, and in addition to the three dimensions of biological, psychological and social, spiritual dimension is also considered for human beings (Schmidt & Jordan, 2010), by which we put our activities and our lives in a richer, wider and more meaningful context and determine which of the ways of life have more meaning (Schmidt & Jordan, 2010).

Psychological well-being is one of the important components in providing people with mental health and refers to a part of health that includes complete awareness of completeness and

integrity in all aspects of the individual. Psychological well-being includes the cognitive values of individuals from life. They value their own conditions that are depended on their expectations, values and previous experiences (Diener et al., 2003). Psychological well-being refers to the cognitive assessment of individuals from the level of satisfaction with life and having maximum positive affection and the minimum negative affection (Eid & Larson, 2008).

Psychological well-being involves the cognitive values of individuals from life and has been defined as the perception of individuals from life in the field of emotional behaviors, psychological functions, and dimensions of mental health, which consists of two parts: the first part is cognitive judgment about this that how people are progressing in their lives, and the second part of that is the level of pleasant experiences (Roothman et al., 2003).

Hope is a psychological characteristic that is essential for living satisfaction. Life expectancy has been defined as an inner force that can be a source of life richness, and can enable patients to look beyond their present and unpleasant situations. Lack of life expectancy and non-purposeful of life are led to a decline in its quality and creation of desperate beliefs (Schultz & Schultz, 1998). Future navigation, positive expectations, purposefulness, realism, purpose setting and internal communication are important life-style features.

Life expectancy involves people's perceptions and attention to the future, and with the impression that it is possible to achieve positive results, it leads to person's effort. Snyder, the founder of the theory of hope and its basic treatment, has defined hope as a construct of two concepts of the ability to design towards desired goals in spite of the existing obstacles and the factor or motive for using these passages (Snyder, 1995). Snyder (2000) has been considered hope as a construct that helps clients to transform problems into certain practical goals.

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Problem Statement

Some scholars believe that spirituality has been given from the Latin word of spiritus, means to Life's breath or "way for to be" and "experience", which comes by becoming aware of a material dimension, and determines obvious values of that. These values are related to others, to themselves, to nature, and to life, and to everything that one considers as an end (Miller, 2003). Spirituality is an aspect of life that gives purpose, meaning and function way to it. Yung emphasizes the originality of the spiritual tendencies and knows these tendencies as the most original experiences that lie in the essence of every human being (Baker, 2003).

In general, many of the common researches in the research literature describe the terms of spirituality using one or two of the following elements: the perception of the object, the sense of bonding with own self, others, nature or God, the search for perfection and integrity (Mirmehdi et al., 2016) is the search for hope and balance (MirMehdi et al., 2016).

Some moral philosophers believe that spirituality is a kind of personal religion. In their view, spirituality is a series of beliefs, feelings and emotions, and needs and desires. According to this view, the pre-assumptions for spiritual life that seem to be inevitable are:

1. The world system is a moral system. That is, in this world no good or bad is lost.
2. Human abilities are more what is the person sees at first sight .That is, people do not have the ability to imagine their abilities as much as abilities, but they are always is less than real abilities, and thus, scope of these abilities are more whatever we use more the total mental and psychological abilities that are inherent.
3. We must accept that the affairs of the world can be divided into changeable and unchangeable.
4. Among the unchangeable, the most important of unchangeable, is the past. According to this pre-assumption, any challenge with the past is a challenge to something that cannot be changed.
5. To accept the past, that is, anyone who sees his past, finds ignorance, mistakes, and misconceptions, this pre-assumption that everyone who wants the past to not be annoying to him must decide that make future different compared to past.

6. The future is not completely in our hands, that is, only a percentage of future change is in our hands, and we cannot change anything in the future. In fact, this means to humans do everything in order to achieving a goal, as soon as he does, he must forget the wanting that purpose, because it is unclear that goal will be achieved or not, what the spiritual people of the world interprets it as unwanted action.

7. Pay attention to the pleasure and the envy is that things are pleasurable or envy, do not dependent on them but also it depends on us, which implies that everyone who wants to enjoy the world must change within himself, anyone who does not change within himself, cannot enjoy anything.

8. Trying to get closer to real own self, the whole concern of the spiritual man is, what is he understands about himself means to approach to real own self, because the peace is more.

9. Austerity and sacrifice are a condition of a spiritual life. A spiritual person knows that he cannot live according to what he likes or what is wrong. Non-spiritual people all their lives are based on their delusions. The same thing is interpreted in religions as self-esteem.

10. The truth is the salvation. Means, the truth, no matter how bitter it is, is still salvation.

11. The moral perfection is dependent on to be and not having. One who has a psychological and moral health that has a different existence, rather than a different one? We actually want to get what we do not have, because we think we have had deficiency for that, because we did not have psychological health (Malekian, 2007).

Britt Bart, who emphasizes understanding the spiritual biographies of incurable patients, such as cancer, believes that the therapist can have a better understanding of the patient and can take into account his spiritual and existential needs, because the study has shown that signs of psychological disturbances and existential concerns are more likely than cancer patients to show signs of pain and symptoms. Therefore, it is now emphasized on the control of physical symptoms and more pain in the therapeutic support of cancer patients, rather than on the spiritual and existential issues such as meaning and hope. Thus, in newer therapies of meditation, it is used to respond to the needs of measurement, hope, acceptance of disease, and the proximity of death in life.

Another explanation for the need to enter spirituality into psychotherapy is the new attitudes and definitions of psychotherapy.

Today, psychotherapy alone does not mean the removal of symptoms of a disease. But adding positive aspects of life are considered as the ultimate goal of psychotherapy. Even the definition of a healthy personality is also changing. The opinion of some psychologists is that one of the healthy characteristics of a person is meaning and purpose in life. Evidence has shown that sometimes the reason for referring people into clinic is search of meaning, so therapists should be equipped to respond to this need of referring people (Mascaro et al., 2004).

Well-being is the key concept of a broad-based thinking that includes the individual's usual satisfaction from life, positive emotions, and a lack of negative feelings. The first component of this is a cognitive judgment about how one's life goes on, the next component is happiness in the individual's personal experiences (Diener et al., 2003). In the definition of psychological well-being, it can be said that while some scholars consider well-being as equivalent to happiness and emotional balance, other theorists consider this structure as having certain dimensions and components such as meaningfulness of life, psychological vigor and happiness. Others have considered the sense of well-being to be the total satisfaction of life, the sense of coherence and continuity in life, and emotional balance.

Psychological well-being reflects how people feel about themselves, including emotional responses, life satisfaction, and judgment about quality of life. Psychological well-being is an important structure that at low levels leads to depression and social isolation, resulting in a lack of satisfaction and self-esteem and leads to reduction of mental and physical health (Campbell, 2006).

Aristotle, using the ideas of Plato and Socrates, has stated that the greatest satisfaction and happiness in the life of "Oedimonia" is prosperity that is special joy, combination of pleasure and purity; this term includes the cultivation of higher level psychological characteristics and life is with satisfaction (Bauer et al., 2006). Psychologists have recently introduced Aristotle's justification of satisfaction to the "Oedimeon" well-being, a term that is associated with life with satisfaction. Both well-being and the satisfaction of life are defined by the pleasure and the sense of the usefulness of life (Bauer et al., 2006)

Hope "is defined as the desire to complete a valuable thing with the real probability of

realization, with the continuation of its expected occurrence." In the Random House Dictionary, hope is defined as "a positive active and ongoing positive expectation for pursuit in the direction of a desirable merit". During the 1950s and 1960s, doctors and psychologists studied hope under the heading of "positive expectation for the goal" (Menninger, 1959).

Statland defines hope as a probability of achieving the goal, which is more than zero. Bread of hope is a general desire to build a future and a positive response to the perceived future. Miljez believed that hope, including overall positive attitudes toward its future, it is like optimism, but with more active effort for the upcoming outcome. It seems that the hope is excitement higher than the excitements of fear, anger, or love, because it does not exist in inhuman creatures. Ernest Blach (MacInnis & Chun, 2006) in his book, *The Principles of Hope*, claims that emotional hope is educable.

Hope is different from hope, because hope is the reflection of the rate of result achievement (orientation towards the future, consistency with the goal) that has been assessed uncertain but at the same time possible, but the hope is reflection of expectations due to the coming result is consistent with the goal. Both of these words have the same alternative elements as orientation to the future and alignment with the goal, but they differ in a number of ways. First, in the definition of hope, "enthusiasm" is completely eliminated. Someone can hope for results that have a strong passion (for example, I hope that my baby will be good), or weak (for example, I hope that tomorrow will not rain).

On the contrary, enthusiasm is the core of hope and, secondly, while hope is defined in terms of passion, hopefulness is defined in terms of levels of expectations. The expectations reflect the probability that the result will be consistent with the target, not uncertainty, depending on: will be result achieved? or not? or potential results could be occurred. Similarly, there is a nonlinear relationship between hope and certainty / uncertainty; there is a linear relationship between hope and expectations. Particularly, when the expectations increase from 0 to 0.5 up to 1, he will be more hopeful that the result will be consistent with the goal in the future.

In fact, the optimism and pessimism of the points are considered on the continuum of hope. For example, when someone is certain that the

outcome of the consonant will be achieved, it will feel confident or certain. Or, when someone has high expectations for a consistent result, he feels optimistic. Or, when someone believes that the outcome of a consonant with the goal is impossible, He feels pessimistic. Eventually, a person feels disappointed when to be convinced that the result will not be consistent with the goal (Ong et al., 2006).

Studies have shown that cancer has a number of negative consequences in these patients, including: reducing general health, decreasing the quality of life, and hopelessness, with anxiety, depression and hopelessness being more prevalent (Movahedi et al., 2015). Chronic physical illness, including those with cancer, finds that hope constitutes an important and unconscious part of their thoughts and feelings. Most research on hope has been conducted on cancer patients because cancer patients consider it to be a threat to their diagnosis (Hunt, 1992).

On the one hand, life expectancy is defined as an inner force that can enrich the lives of patients and enables patients to view their pain and suffering beyond their current and disadvantaged condition. Lack of life expectancy and non-targeting of life leads to a decline in its quality and creates insolent beliefs (Movahedi et al., 2015). Future orientation, positive expectations, purposefulness, realistic, goal setting and inner communication are important features of life expectancy.

The promotion of hope, which is a factor in the meaning of life, helps people to adapt to cancer, reduce their mental suffering and increase their quality of life and general well-being (Herth, 2000). In terms of Benzein and Berg (2005), life expectancy physiologically and emotionally helps patients to cope with the disease crisis; promotion of hope has been also considered as an important factor in predicting the course of the disease (Benzein & Berg, 2005).

The term of cancer is a common expression for malignant diseases and is a disease that is determined by abnormal cell deformation and loss of cellular differentiation. So the cell duplicates abnormally and continues to grow in the surrounding environment. Disorder in the normal growth of cells causes unlimited cell growth, which usually leads to the formation of a gland called neoplasm (Toortora & Grabofsky, 1993). Although there are more than 200

cancers, major cancers are divided into four types (Toortora & Grabofsky, 1993).

These four types are: Carcinoma: Malignant neoplasms are skin cells and cells that cover many organs of the body, such as the gastrointestinal tract, genital and respiratory tract. About 85% of human cancers are carcinoma; lymphoma: or lymphatic system carcinoma; sarcoma: a malignant neoplasm of the bone, muscle or connective tissue; leukemia: or cancer of the blood building components such as bone marrow that results in more proliferation of the white blood cell count.

The cancer spreads to different parts of the body, and its growth in each part interacts with the growth and normal functioning of the body. As the disease spreads, it causes pain that is due to the pressure on the natural tissues and nerves, or the blockage of body fluids (Melzak & Wall, 1982). Severe pain affects 40% of cancer patients in moderate stages and annoys 70% to 90% of those with advanced cancer.

Research Methodology

The method of this study is test and the design used in this study is two groups pretest-posttest design. The pre-test and post-test design with control group has been consisted of the test group and the equivalent control group. Both groups were measured twice. The first measurement was performed by performing a pre-test before treatment and a second measurement after the completion of the required treatments. In order to form the two groups, 15 subjects in the testgroup and 15 others in the control group were randomly selected.

The two groups that are formed similar and measuring the dependent variables (psychological well-being and life expectancy) are done for both groups at a time. In summary, the diagram of the research design is as follows:

group	Random selection and replacement	Pre test	independent variable	Post test
Experiment	R	T1	X	T2
Control	R	T1	-----	T2

Statistical Population

The statistical population included all cancer patients who referred to Milad Specialized Hospital.

Sampling and Sampling Method

The cancer diagnosis process consists of three steps: first, blood or urine tests to detect cancer, or to detect early symptoms such as abnormal levels of hormone or enzymes. Second: radiological imaging by x-rays or other methods that helps the physician to see the structure of the internal organs and examine the presence of the mass. Third: The physician by taking a small piece of suspicious tissue performs the biopsy or sampling. Even if the tissue is abdomen depth, it can usually be taken with small surgeries and local anesthetics (Lasslow, 1987).

Studies show that cancer patients suffer from a lot of psychological stress. Symptoms of psychological stress are evident when thinking about illness and prognosis, and the thoughts of relapse of illness, death and disability. Among the results of a 2010 study, one in every three cancer patients experiences psychological and emotional distress significantly. And still less than 10% of these are officially seeking advice. The concept of disturbs can be defined in a range of symptoms, such as mild anxiety and sadness to severe mental disabilities such as depression and anxiety (Movahedi et al., 2015).

A purposeful sampling method was used to select the sample. In this way, among cancer patients, 15 people who had criteria for entering the research were selected as control group and 15 others as the test group. Regarding the efficacy of spirituality and performing pre-test and post-test, the 15 patients undergoing the test group were treated for 8 sessions of 60 minutes using the therapeutic spirituality and the results are obtained and the difference between two test performed (pre-test and post-test) are reported.

Other criteria for entering the research were:

Minimum education is diplomas

Age range from 30 to 60 years

At least 6 months from the onset of the disease.

Measurement tool

RIFF Psychological Well-Being Questionnaire

This questionnaire was developed by Riff (1989). On these scales, the answer to each question is determined on a six-degree spectrum (from completely disagree to completely agree). Each scale contains 14 questions that assesses the dimensions of the psychological well-being of the riff model, including positive relationships with others, independence, environmental domination, growth, goal in life, self-acceptance. Of all questions, 44 questions are answered directly and 40 questions are scored in reverse order.

Cronbach's alpha obtained in the study of Reef (1989), has been reported for personal growth (0.87), positive relationship with others (0.91), self-acceptance (0.93), Purposefulness in life (0.90), and environmental mastery (0.90), autonomy (0.86). In Iranian studies, the Cronbach's alpha coefficient for these scales has been reported equal to 0.81, 0.73, 0.68, 0.75, 0.76, 0.77, respectively (Mashhadi Farahani, 2008). Kalantar kushe, and Navarbafi (2012), reported the Cronbach's Alpha of this questionnaire equal to 92%. Based on the report of the Kalantar kushe and Navarbafi (2012), the questionnaire has an appropriate validity and reliability. In this research, Cronbach's alpha coefficient has been equal to 0.73.

Snyder Hopefulness Questionnaire

The hopefulness in this study is measured by hopefulness questionnaire of Snyder. This scale consists of 12 articles, of which 8 articles are hopefulness, and 4 of them measure the fragility or the low hopefulness. Snyder's hopefulness scale consists of two components: the component of thinking, which determines the person's orbital goal and includes the component of path thinking that is planned to achieve the goals. Each material is measured at a four-degree scale, which includes a range of completely false to completely true. The stable hopefulness scale has gained an acceptable internal stability of 0.74 to 0.78 in the English version. In the study of Beigi, Farahani, Mohammad Khani and Mohammadifar (2011), the Cronbach's alpha obtained in the factor thinking component is equal to 0.75 and for the thinking component of the thinking path is equal to 0.78.

Summary of therapeutic Spirituality sessions

sessions	Brief summary of the sessions
First session	Familiarity of the therapist and the members of the group with each other, expressing expectations, a brief explanation of the Therapeutic Spirituality approach and a description of the meaning of life.
second session	Evaluate the assignments of the previous sessions and tracking the meaning of the incidents and painful events of life and creation of preparing to consider cancer as a meaningful occurrence in life.
third session	Evaluate the assignments of the previous session and teaching three sources of meaning include creative values, empirical values, attitudinal values, and their explanation using examples of participants' lives.
fourth Session	Evaluate the assignments of the previous session and providing suggestions for practicing meaning examples. Discussion about the power of human will, freedom, and accountability, the therapist emphasizing the temporal

	life of all human beings and highlighting these concepts with the aim of adopting a proper position for all living conditions.
Fifth session	Evaluate the assignments of the previous session, the description of the call-inducing and teaching power of spirituality-based inculcation. Applying the principles taught in the anxious and painful areas of life, while extracting the characteristics of spirituality in the participants and creating a different attitude toward the anxiety conditions of life
Sixth session	Evaluate the assignments of the previous session, describing other techniques such as attitudinal reform, contradictory intention and reflection
Seventh session	Evaluate the tasks of the previous session, discussing the goals and plans of the future in patients' lives in order to gain a new attitude towards cancer, prioritizing goals and providing solutions to meet the some of the barriers that can be resolved
Eighth session	A group's statement of their achievements, a summary of the concepts presented in each session, and a summary of the topics.

Research Findings

In this research, Univariate covariance analysis was used for statistical analysis and SPSS software has been used for all stages of the study. In applying parametric statistical methods, test hypotheses must first be validated so that the desired test can be used; therefore, the hypotheses of the covariance analysis method "Independence of observations, normality distribution of dependent variable, homogeneity of variances, linearity of the relationship between dependent variables and coherence and uniformity of regression slopes were investigated and verified in different groups.

Table 1: Resonance variance covariance analysis test

Statistical index	SS	df	F	sig	Effect size	Test power
Variables	1536.95	1	31.15	0.001	0.65	0.99
Pre test	334.07	1	6.98	0.02	0.29	0.76
group	812.75	17				
Error	40469	20				

The results of Table I show that with the elimination of the effect of the pre-test variable and the calculated coefficient F, it can be seen that there is a significant difference between the adjusted averages of the resonance scores of participants according to the "test and control" group membership in the post-test stage ($P < 0.05$).

Therefore, according to the corrected averages, it is concluded that the null hypothesis is rejected and the logotherapy in the test group has a greater effect on the resilience compared the control group. The effect of this "practical significance" has been 0.29, that is, 29 percent of the total variance or individual differences in the resilience of mothers have been associated with logotherapy. In addition, the power of the statistical test in this study suggests that 76 percent of the null hypothesis has been correctly rejected.

Table 2: Covariance Analysis for Optimism

Statistical index	SS	df	F	sig	Effect size	Test power
Variables	265.31	1	62.04	0.001	0.78	0.99
Pre test	67.70	1	15.83	0.001	0.47	0.96
group	72.69	17				
Error	7638	20				

The results of Table 2 show that with the elimination of the effect of the pre-test variable and the calculated coefficient F, it can be seen that there is a significant difference between the adjusted averages of the optimism scores of participants according to the "test and control" group membership in the post-test stage ($P < 0.05$).

Therefore, according to the corrected averages, in charts of 2-4 and table results it is concluded that the null hypothesis is rejected and the logotherapy in the test group has a greater effect on the mothers' optimism compared the control group. The effect of this "practical significance" has been 0.47, that is, 47 percent of the total variance or individual differences in the optimism of mothers have been associated with logotherapy. In addition, the power of the statistical test in this study suggests that 76 percent of the null hypothesis has been correctly rejected.

Discussion and Conclusion

Spirituality and its components play an important role in adapting the conditions of chronic and debilitating diseases and stress caused by it. The most important effect of Therapeutic Spirituality can be seen in changing the attitude and interpretation of a person towards illness and life.

This change in beliefs affects the cognitive assessments of the individual and manages the negative events and stress caused by it in a rational manner. In the shadow of attachment to God and spiritual resources, the patient achieves a stronger sense of security, and his ability to adapt to the psychological and physical problems of the disease goes up more efficiently. Spirituality makes sense as a safe haven to the patient's life, and this is what that is the goal of the therapists. Increasing resilience and hopefulness and, as a result, mental and physical strength are of the results of meaningfulness to life in the shadow of spirituality.

Spirituality is in fact a kind of cognitive behavioral therapy that can provide a better life for the patient by increasing self-awareness and using effective coping strategies for stress and increasing adaptability. Increasing self-awareness by proper understanding the meaning of life for the patient provides a new value system to enable the patient to make the opportunity and the possibility of change at self. The Therapeutic Spirituality opens the new window into his life.

The results of the study according to the findings of Table 4-8 show that there is a significant difference between the adjusted averages of the psychological well-being scores of the participants according to the test and control group membership in the post-test stage ($P < 0.05$). Therefore, according to the corrected averages and the results of Table 4-8, it is concluded that the psychological well-being of cancer patients increased after receiving the training of Therapeutic Spirituality, which results were in line with the findings of Tavakoli (2016), Dillguneh et al (2016), Barzegar befooori and Pakseresht (1969), Pandaya (2017), Sun et al (2016), and Jain Maraviglia (2004).

The results of this study showed that Therapeutic Spirituality had a significant effect on the components of psychological well-being including personal growth, self-acceptance, purposefulness in life, Environmental mastery and autonomy, but had no significant effect on the positive relationship with others. The findings of this study were in line with the findings of Tavakoli (2016), Dillguneh et al (2016), Barzegar befooori and Pakseresht (1969), Pandaya (2017), Sun et al (2016), and Jain Maraviglia (2004).

References

- Amram, J. (2009). The contribution of emotional and spiritual intelligence to effective business leadership, for the degree of doctor of philosophy in clinical psychology. Institute of Transpersonal Psychology, Palo Alto, California.
- Baker, D. C. (2003). Studies of the inner life: The effect of spirituality on the quality of life. *Quality of Life Research*, 12 (1): 51-57.
- Bauer, J.J., McAdams, D.P., Pals, J.L. (2006). Narrative Identity and Eudaimonic Well-Being. *Journal of Happiness Studies*, 9 (1): 81-104.
- Benzein, E. G., Berg, A. C. (2005). The level of relationship between hope, hopelessness and fatigue in patients and family members in palliative care. *Palliative Medicine: SAGE Journals*, 19 (3): 234-40.
- Campbell, A.J. (2006). Stress and Psychological Well-being among Allied Health Professionals. *Journal of Allied Health*, 35 (4): 198-207.
- Diener, E.D., Louc, R.E., Oishi, S.H. (2003). Subjective well-being is the science of happiness and life satisfaction. *Handbook of positive psychology*, Oxford University Press.
- Eid, M., Larson, R.J. (2008). *The Science of Subjective Well-being*. New York: Guilford Press.
- Ghobari Bonab, B. Salimi, M, Selyani, L, Nouri Moghaddam, S. (2007). Spiritual Intelligence. *Journal of New Religious Ideas*, 3 (10): 147-125.
- Herth K. (2000). Enhancing hope in people with a first recurrence of cancer. *Journal of Advanced Nursing*. 32 (6): 1431-41.
- Hunt, R. (1992). Sources of hope in chronic illness. *Oncology Nursing Forum*. 19 (3): 443-448.
- Lasslow, M. (1987). Use of coping strategies and breast cancer survival. *American Journal of Epidemiology*, 9: 152.
- MacInnis, D. J., Chun, H. E. (2006). Understanding hope and its implications for consumer behavior: I hope therefore I consume. *Foundations and Trends in Marketing*, 1 (2): 97-188.
- Malekian, M. (2007). A series of lectures on the crisis of spirituality and life assumptions.
- Mascaro, N., Rosen, D. H., Morey, L. C. (2004). The development, construct, validity, and clinical utility of the spiritual meaning scale. *Journal of personality and individual differences*, 37: 845-860.
- Melzak, K. Wall, R. (1982). Associations between anxiety disorders and physical illness. *European Archives of Psychiatry and Clinical Neuroscience*, 253: 313-320.
- Menninger, K. (1959). The academic lecture is hope. *The American Journal of Psychiatry*, 109 (34): 481-491.
- Miller, G. (2003). *Incorporating spirituality in counseling and psychotherapy*, New Jersey: John Wiley. 30 (2): 152-167.
- Mirmehdi, S.R, Saffariinia, M, Sharifi, E. (2016). *Therapeutic Spirituality and Positive Psychology Approach*. Tehran: Avaya Noor Publications.
- Movahedi, M, Movahedi, Y, Farhadi, A. (2015). The Effect of Hope Therapy on the Life Expectancy and General Health of Cancer Patients. *Nursing and Midwifery Journal, Jameengar*, 25 (76): 92-84.

-
- Ong, A. D., Edwards, L. M., Bergen, C. S. (2006). Hope as a source of resilience in later adulthood. *Journal of Personality and Individual Differences*, 41: 1263-1273.
- Raghibi, M, Ghareh Chahi, M. (2013). The evaluating Relationship between Emotional Intelligence and Spiritual Intelligence in Divorce and Consistent Women and Men. *Sociology of Women (Women and Society)*, 4 (1): 140-123.
- Roothman, B. Kirsten, D. K. & Wissing, M.P. (2003). Gender differences in aspects of psychological well-being. *South African Journal of Psychology*, 33: 212-218.
- Schmidt, S.W., Jordan, M.A. (2010). *The Spiritual Horizon of Psychotherapy*, London and New York: Rutledge.
- Schultz, D, Schultz, Sidney E. (1998). *Theories of Personality*. Translated: Seyed Yahya Mohammadi (2012). Tehran: Publishing Edition.
- Snyder, C. R. (1995). Conceptualizing, measuring, and nurturing hope. *Journal of Counseling & Development*, 73 (3): 355-360.
- Snyder, C. R. (2000). *Handbook of hope: Theory, measures, and applications*: Access Online via Elsevier.
- Toortora D., Grabofsky, J. R. (1993). Pain in metastatic breast cancer. *Cancer* 52: 341-345.
- Zarei Mahmoudabadi, H, Sadr Poushan, N. (2014). The Relationship between Spiritual Intelligence and Components of Burnout in Female Teachers. *Quarterly Journal of Labor Medicine*, 6 (4): 66-74.