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The Effectiveness of Spiritual Group Therapy on Resilience and Coping Styles of Families of Addicts Quitting the Drug

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Abstract

Objective: Spiritual therapy is recognized as an effective treatment for most psychological problems. This study aimed to investigate the effectiveness of group spiritual therapy on resilience and coping styles of families of addicts quitting drugs.

Method: The research method was quasi-experimental with a pre-test-post-test and a control group design. The statistical population included all families of addicts who were quitting in a camp in Shahreza city. The statistical sample consisted of 30 families of these addicts who were selected through a purposeful sampling method and randomly assigned into experimental and control groups. The instruments used in this study were the Connor and Davidson Resilience Scale, and the Moss and Billings Coping Styles Questionnaire. Spiritual group therapy was held in 11 sessions of 90 minutes for the experimental group. Covariance analysis was used to analyze the collected data via SPSS-21 software.

Results: The results showed that group spiritual therapy increased the resilience ($p \leq 0.001$) and problem-focused coping style ($p \leq 0.001$) of the subjects in the experimental group and decreased their emotion-focused coping style ($p \leq 0.001$).

Conclusion: The results indicated that spiritual group therapy could explain the high rate of change related to the resilience and coping styles of families of addicts under treatment.

keywords: Spiritual Group Therapy, Resilience, Coping Styles, Families of Addicts, Addicts Quitting drugs

Introduction

One of the greatest disasters of the family in human societies is the problem of addiction which deprives human beings of their ability and efficiency and exposes the family's foundation to disintegration. Today, one of the main problems in most countries is the issue of drugs and addiction, and a large amount of money is spent every year to fight it. However, drug trafficking gangs and addicts are still active. According to the latest definition of addiction provided by the American Society of Addiction Medicine (ASAM) in September 2019, addiction is a chronic treatable disease that involves complex interactions between brain circuits, genetics, the environment, and personal life experiences (ASAM, 2019). According to this definition, addiction affects not only the biological aspects of life but also its environmental and social aspects. We can say that addiction like a virus affects not only the addicts but the people around them (Grald, Janke & Hagdorn, 2006). The families of addicts are struggling with many problems such as economic pressures, social stigma, feelings of shame, persistent and

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severe mood swings of the addicted person, and his irresponsibility in tasks related to personal and family life in addition to experiencing a high level of stress. Drug withdrawal is also very difficult and few people succeed in it without the support of family and friends. However, the families of addicts face various psychological pressures to support and care for the addicted member to achieve the goal of drug withdrawal. Various economic, social, and psychological pressures on family members during the drug quitting period raise the need for resilience for family members during this period.

Resilience, which has a special place in the fields of developmental psychology, family psychology, and mental health (Campbell-Sills, Cohan & Stein, 2006), is a factor that helps people adapt to difficult and stressful situations in life (Izadian, Amiri, Jahromi & Hamidi, 2010). Resilience is defined as the ability of a person to establish biological-psychological-spiritual balance in traumatic conditions and active participation of the individual in the environment (Connor & Davidson, 2003). In the family scope, the concept of family resilience means the ability of the family to cope with changes in critical conditions, the ability to recover, and regain balance after the crisis, and includes various components including problem-solving, maintaining a positive perspective, family spirituality, the ability to create meaning for the hardships and difficulties of life, etc (Sadat Hosseini & Chari, 2013). As the family of an addicted person is expected to do, resilience does not just mean passive resistance to harm or traumatic conditions, but the resilient person is also an active and constructive participant in his or her environment**.**

In addition to resilience, the people's assessment of the stressors and the methods or strategies they use to cope with such situations also play a key role in their mental health (Pottie & Ingram, 2006), and in this regard, it is an important issue for the families of addicted people quitting drug abuse. Lazarus (1991) considers coping strategies as cognitive and behavioral efforts to manage specific internal and external needs and conflicts. In fact, in his view, these strategies are considered the ways to manage situations and difficult life occasions. Coping strategies, especially in the field of addiction problems, have been considered an important variable for a better understanding of addiction problems (Walker & Stephens, 2014), so it has been said that grief in patients with substance abuse is associated with less adaptive coping strategies (Caparrós & Masferrer, 2021). Lazarus and Folkman (1984) identify two general coping strategies (problem-focused coping and emotion-focused coping) for stress management. Problem-focused coping is a skill that focuses on the problem itself in the problematic situation, while emotion-focused coping style focuses on emotional distress and the emotions associated with the situation, not controlling it. People who use emotion- focused coping style tend to control the negative emotional consequences of the stressor rather than focusing on the problem and solving it. Emotion- focused coping styles are effective in reducing stresses in the short term, but have negative effects in the long run (Spielberger & Reheiser, 2006). As it turns out, the families of addicts who are quitting are under a lot of pressure and stressors, and the need to deal effectively with these stressful situations is difficult to maintain psychological balance in this situation.

In the meantime, various factors can be effective in improving resilience and coping styles for these families. Among these factors, we can mention the prominent role of spirituality in increasing resilience and improving coping styles. Spirituality is an aspect of a human being that gives a person humanity and is related to important structures of the person and helps the person deal with life issues (Swinton & Pattison, 2010). The results of many studies suggest that there is a positive relationship between spirituality and mental health (Wong et al., 2006; Azhdarifard, Ghazi & Nooranipoor, 2010; Kim & Esquivel,

2011; Broumandzadeh & Karimi Sani, 2015). People who have spiritual health have balanced relationships in four areas: personal (concerning meaning, purpose, life values, and self-awareness), social (communication with others), environmental (communication with the environment and nature), and excellence (communication with the superior force), and their spiritual health is enhanced by creating positive relationships in all of these areas (Fisher, 2011). Many physicians today recognize spirituality as an important resource in the health and well-being of individuals so they often realize that they must also consider the patient's spiritual issues in the treatment process (Richards, Hardman & Berrett, 2007). This account of spirituality is one of the dimensions of human life, and when people enter the counseling and treatment room, they do not leave their spiritual dimension behind, but they also bring their spiritual beliefs, practices, experiences, values, relationships, and spiritual challenges to the counseling room (Pargament, 2007). Therefore, for therapists to have a positive and decisive effect on the physical and mental health of their clients, they must also address spiritual issues during the treatment process (Miller, 2003). In this regard, any program, method, process, or protocol, in which a person's needs and spiritual health are considered, can be regarded as a spiritual intervention. These interventions can also include activities that strengthen the individual's spiritual and religious resources (Hirsch, 2003).

It seems that by using spiritual therapy, positive and effective steps can be taken to maintain and improve the mental health of the families of addicts who are quitting drugs, and through this, it is possible to increase the resilience of the addicts' families to some extent and led them to a problem-focused response to this addiction crisis. In the present study, it is assumed that spiritual group therapy is effective in the resilience and coping styles of families of quitting addicts and can increase resilience and their coping styles (using problem-focused coping styles).

Method

population, participants and sampling

The present study is quasi-experimental with a pre-test-post-test design a control group and. The statistical population included the families of 250 male addicts who were quitting drugs and were hospitalized in Shahreza Healing Camp for 3 months. Among the population, the families whose addict was a first-degree relative were selected for the study. In addition, the inclusion criteria were that the family should be actively in close relations with the addicted person for at least one month, be aware of the mental condition and the process of addiction treatment, have enough time to attend the meetings, and be able to read and write. Finally, 30 members of the family of addicts who had the above criteria were purposefully selected and then randomly assigned into experimental (15 people) and control (15 people) groups.

Ethical statement

To observe the ethical consideration of the research, while ensuring the confidentiality of data, they were given written consent to participate in the research. They were also ensured that they could terminate their participation in group therapy sessions whenever they wished. Spiritual group therapy sessions were held for the experimental group in eleven 90-minute sessions, 2 sessions per week for a month and a half. The content of the intervention sessions is provided in Table 1. Before the treatment, a pre-test (resilience and coping styles questionnaires), and after the intervention (independent variable) on the experimental group, a post-test (resilience and coping styles questionnaires) were given to both groups to evaluate the differences obtained from the intervention on the experimental group. Finally, using appropriate statistical tests, the significance of the differences obtained from the resilience scores and coping styles of the experimental and control groups was examined.

Measures

Connor & Davidson Resilience Questionnaire:

Sessions	Goal	Content
1	Introduction	Familiarity of group members with each other and the therapist, establishing an empathetic relationship, explaining and expressing group rules and regulations, general remarks about the group work method, and familiarity with the concept of spirituality.
2	Raising awareness	Training the focus on the general problems caused by addiction and mentioning the superstitious spiritual beliefs of addiction, awareness of the implicit and personal meaning of spirituality and its definition from the point of view of each member, examining the existence of belief in a superior divine force in members.
3	Spirituality	Teaching conscious awareness of different aspects of life, focusing on the absolute power of existence, familiarity with spiritual needs and spiritual care, and giving meaning to the difficulties and problems of life.
4	Values	Examining the values in life, choosing the value and accepting its responsibility, questioning the ultimate goal of life, defining the inevitable and avoidable sufferings, and giving meaning to them by quoting the Qur'an and hadiths.
5	Challenge with negative thoughts	overview of negative thoughts and challenges, replacing irrational thoughts with rational thoughts.
6	Hope and future	Training muscle relaxation and deep breathing for 10 minutes, familiarity with strategies to increase hope, and encountering death from a new perspective based on the Qur'an and narratives.
7	Goal and responsibility	Setting new goals in line with spiritual and divine values, classifying long-term and short-term goals, setting a clear schedule for setting goals, and strengthening a sense of responsibility.
8	Identify anxious situations	Teaching the stages of recognizing negative emotional states and destroying cognition caused by spiritual superstitions and training the stages of self-evaluation and self-observation to investigate the causes of negative thinking and maladaptation
9	Compatibility development methods	Teaching meditation and expressing feelings in relation to performing spiritual practices, training adaptive thinking methods using a spiritual approach focusing on God, prayer, repentance, atonement, forgiveness, patience, compassion, and its generalization to control anger, presenting the concept of infinity, and connection to the eternal divine power of God.
10	Summing up	Overview of previous sessions, strengthening the new self by examining learned instructions, examining the changes taking place as a result of training, and seeking meaning in various aspects of life.
11	Closing	Preparing the person for ending the training sessions, strengthening patience and trust and continuous communication with the Creator of the universe, and giving homework and reading the Qur'an and texts that help the person seek the meaning of life.

The Connor & Davidson (2003) Resilience Scale has 25 five-point items whose options are scored from 0 to 4. The sum of the scores of the 25 items forms the total score of the scale. Participants have a minimum score of resilience on a scale of zero and a maximum score of 100. The average score on this scale is 52, and the higher the score of 52, the higher the resilience is. Mohammadi (2005) has adapted it for the Iranian context. In his research, using Cronbach's alpha coefficient, the reliability coefficient of the scale was 89%, and the validity of the scale was obtained by the correlation method of each item with a total score between 41% and 64%. The validity and reliability of this scale have been confirmed by other Iranian researchers (for example, Samani, Jokar & Sahragard, 2007).

Moss and Billings Coping Styles Questionnaire: This scale was developed by Billings and Moss (1981) and consists of 19 statements. Based on Moss and Billings's surveys through factor analysis, this questionnaire includes coping responses based on problem-focused coping with 8 statements (3, 4, 6, 7, 9, 12, 15, 18) and emotion-focused coping with 11 statements (1, 2, 5, 8, 10, 11, 13, 14, 16, 17, 19). In this scale, a four-point Likert scale ranging from always, often, sometimes, and never is used and the subjects' scores range between zero and 3 based on their options. Through this questionnaire, for each subject, the total score of coping strategies, in which the lowest score is zero and the maximum score is 57 and the score of problem-focused coping responses, in which the lowest score is zero and the maximum score is 24, are calculated. Bakhshipour et al. (2004) reported the reliability of the questionnaire at 78% by the split-half reliability method. In the present study, the reliability of this scale was obtained at 81% by the use of Cronbach's alpha coefficient formula.

Summary of group spiritual therapy package with a religion-based approach

To prepare this package, an initial survey was conducted by a psychologist present at the camp, and initial interviews and needs analysis was performed on several addicts and their companions. Information was also obtained through interviews with the ward-based treatment team, including counselors, psychologists, psychiatrists, general practitioners, clergy, and the home care team. To determine the structure of the sessions and the training content, according to the research variables, a free interpretation of the combination of spiritual therapy intervention packages was tested in the research of Kiani et al. (2015), Mirzaeifar (2015), and Borjali Lou (2014).

Results

In this part, the descriptive information of participants is provided. In the experimental group, 93% (14 people) of the participants were in the age range of 50-25 years, and in the control group, 87% (13 people) were in this age range. In the experimental group, 80% (12 people) were married and in the control group, 73% (11 people) were married and the rest were single. In the experimental group, 26% (4 people) had undergraduate education, 67% (10 people) had post-diploma and bachelor's degrees, and 7% (1 person) had a higher degree. In the control group, 33% (5 people) had undergraduate education and 67% (10 people) had post-diploma and bachelor's degrees. In the experimental group, 27% (4 people) were employed, and in the control group, 40% (6 people) were employed and the rest were housewives.

The mean and standard deviation of research variables (resilience, problem-focused coping style, and emotion-focused style) in the two experimental and control groups in two stages of pre-test and post-test are shown in Table 2. As the table shows, in contrast to the experimental group, the mean scores of resilience, problem-focused style, and emotion-focused style in the control group did not change much in the pre-test and post-test, whereas the mean score of the experimental group after the spiritual group therapy in post-test has changed. The

Table 2: Mean and standard deviation of research variables in pre-test and post-test

Variables	Stage	Group	N	Mean	SD
Resilience	Pre-test	Experimental	15	43.26	5.76
		Control	15	42.33	7.84
	Post-test	Experimental	15	57.46	5.85
		Control	15	44.26	7.04
Problem- focused style	Pre-test	Experimental	15	13.13	1.72
		Control	15	12.87	1.59
	Post-test	Experimental	15	20.20	3.02
		Control	15	12.80	0.91
Emotion- focused style	Pre-test	Experimental	15	34.27	3.59
			15	38.20	4.97
	Post-test		15	23.67	3.59
			15	38.7	4.75

covariance analysis (MANCOVA) test was used to determine whether this change was significant.

Before conducting covariance analysis, the research pre-assumptions were examined. The results of the Kolmogorov-Smirnov test confirmed the assumption of normal distribution of research variables ($p < 0.05$) (Table 3). Levine test was used to measure the equality of error variance of the post-test variables between the experimental and control groups. The result of this test in Table 4 shows the error variances of the post-test variables in the two groups are not significantly different. Thus, the assumption of the equality of error variance of the variables in the two groups in the post-test data is also established.

Table 3: Results of Kolmogorov-Smirnov test

Variable	Kolmogorov-Smirnov test	Sig.
Resilience	0.14	0.15
Problem-focused coping style	0.12	0.20
Emotion-focused coping style	0.13	0.17

Considering the confirmation of the necessary assumptions for the covariance analysis, the results of the covariance analysis for the research variables are shown in Table 5.

Tabe 4. reaults of Levene Test

Variables	F	Df1	Df2	Sig
Resilience	1/05	1	28	0/314
Problem-focused coping style	0/087	1	28	0/770
Emotion-focused coping style	3/23	1	28	0/142

Based on the results of Table 5 and also comparing the post-test means of the two experimental (57.46) and control (44.26) groups, the implementation of the independent variable of spiritual group therapy affected and increased the resilience of the study participants ($P<0.001$, $F=52.52$). Also, the comparison of post-test means in the experimental (20/20) and control (12.80) groups shows that using problem-focused coping style has increased significantly in the experimental group under the influence of spirituality group therapy ($P<0.001$, $F= 95.97$). In addition, according to the results of covariance analysis and also the comparison of post-test means of experimental (23.67) and

Table 5: Results of covariance analysis of resilience, problem-focused coping style, and motion-focused coping style

Variable	Source of change	Total squares	df.	Mean squares	F	Sig.	Eta square
Resilience	Experiment	1182.98	1	1182.98	52.52	0.001	0.660
	Error	608.15	28	22.52			
	Total	80104.00	30	-			
Problem-focused coping style	Experiment	381.87	1	381.87	95.97	0.001	0.780
	Error	107.43	28	3.97			
	Total	308744.00	30	-			
Emotion-focuded coping style	Experiment	8.6.31	1	806.31	107.67	0.001	0.800
	Error	202.19	28	7.48			
	Total	3.636.00	30	-			

control (38.07) groups (0.001), the use of emotion-focused coping style has significantly decreased in the experimental group (P<0.001, F= 107.67). So, it is concluded that spiritual group therapy has been significantly effective in increasing resilience and the use of problem-focused coping styles and reducing the use of emotion-focused coping styles in the families of addicts admitted to the camp.

Discussion and Conclusion

This study aimed to investigate the effect of spiritual group therapy on the resilience and coping styles of the families of addicts admitted to the camp of quitting the addiction. As the findings showed, spiritual group therapy is effective in increasing the resilience of families of addicts who are quitting the addiction. This result is in line with the results of previous studies such as Sajadian et al. (2015), Mahdavi et al. (2015), Abdollah Zadeh et al. (2015), Morasaei and Aghajani (2014), Asadollahi (2014), Taghi Zadeh and Mir Alaei (2013), Zahed Babolan et al. (2012), Baradeli and Dehman (2013), Valdha et al. (2013), Dagelbi et al. (2012), Kim and Gion (2012), Sondi et al. (2012), Moritz et al. (2011), and Chang et al. (2010). Research also suggests that spiritual interventions can increase the quality of life of addicts (Yaqubi, AbdeKhoda & Khani, 2019). Yang and Mau (2007) believe that goal and meaning in life, the sense of belonging to a sublime meaning, hope for God's help in difficult life situations, and enjoying social and spiritual support all are among the methods that people can have less damage in the face of stressful life events. Fontolakis, Siamoli, Magiria, and Capernes (2008) also believe that believing in God who controls situations and oversees Its creatures greatly reduces situation-related anxiety; in other words, they believe that by relying on God, uncontrollable situations can be controlled. In this regard, Graham, Farr, Followers, and Burke (2001) believe that those with stronger religious beliefs have greater immunity and better health in the face of stressful situations. The results obtained can not be considered as the result of only one factor; in explaining these results, we can also mention various factors such as medical care, palliative medicine, socio-economic-cultural status, age, or gender of the patients.

On the other hand, the results of the study showed that spiritual group therapy is effective in increasing the use of problem-focused coping styles and

reducing the use of emotion-focused coping styles in the families of addicts quitting the addiction. This result is consistent with the results of Kadivar et al. (2015), Khatam Saz and Moaref Vand (2014), Nasiri et al. (2013), Abbasi et al. (2013), Nohi et al. (2011), Gag-Bochard et al. (2013), Hamama-Raz et al. (2012), Papastawer et al. (2012), and Fischer et al. (2010). In Kirk's (2008) study, which examined the relationship between the dimensions of spirituality and coping styles, it was found that spirituality is associated with problem-focused coping styles and people with a higher spiritual level in face of problems seek to achieve their goals and solve the problems. Abbasi et al. (2013) found that using emotion-focused coping styles by caregivers and also increasing patient care needs may result in increasing the care pressure; therefore, in addition to empowering the patient, effective coping methods can be taught to reduce the caregivers' caring pressures. The results of Kadivar et al.'s (2015) study showed that spiritual well-being had a positive relationship with problem-focused coping style and an inverse relationship with emotion-focused coping style.

It seems that the first and most important factor related to the special effect of spiritual therapy is to improve the individuals' attitude and their interpretation of life and disease. The importance of the stressor is determined through cognitive assessments that are influenced by individual beliefs and values such as individual control and existential and spiritual beliefs. People manage their stress based on available resources and various coping ways. From this perspective, it can be said that beliefs affect important cognitive assessments in the coping process, and therefore spirituality can help people evaluate negative events differently. Spirituality, therefore, creates a stronger sense of control, which in turn contributes to psychological adjustment (Marton, Simon & Kervin, 2002). All these findings indicate that the increase in the spiritual health of addicts' caregivers has led to the families of addicts not leaving the stress, which is due to the spirit of hope and patience resulting from spirituality. Families of addicts face severe stress due to the difficulty of becoming addicted (hospitalization, treatment, test results, etc.) and experience this stress regardless of their spiritual level. In recognizing the effectiveness of spiritual therapy on the use of coping strategies, the results showed that spiritual group therapy has reduced the use of emotion-focused coping strategies among families of addicts.

Based on the quantitative and qualitative findings of the research, spiritual group therapy can be effective in improving the mental health status of addicts' families and increasing resilience, and using an effective and appropriate coping style. The reason for this effectiveness is the unconditional acceptance and away from judgment, as well as the feeling of presence and connection to the eternal divine force (characteristic of this method of treatment), whereby important cognitive assessments in the coping processes are affected and hence spirituality can help people evaluate negative events differently. Thus, spirituality creates a stronger sense of control, which in turn contributes to the psychological adjustment of caregivers. In general, it can be said that addiction is a disease with biological, psychological, and social complications and problems, and consequently affects the psychological health of families; therefore, addressing the psychological aspects of the family of addicts who are quitting the addiction is a logical and effective task. Given what has been said, the treatment program for families and addicts should be comprehensive and inclusive and should be done concerning all biological, psychological, social, and spiritual aspects. In this regard, the present study showed that spiritual group therapy programs for the families of addicts can be effective in increasing their mental health.

This study, like other studies, has some limitations including the limited accessibility to similar

samples and the use of purposeful sampling, so the generalization of the findings should be done with caution. Thus, it is suggested that to confirm the findings, research on caregivers of other incurable diseases or other aspects of addiction in other cities take place in further studies. It is also suggested that research in this field be conducted with larger groups and with long-term follow-up of the results to measure the long-term stability of the treatment results.

Conflict of Interest

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Refernces

American Society of Addiction Medicine, Inc. (2019). https://www.asam.org/Quality-Science/definition-of-addiction.

Abbasi, A., shamsizadeh, M., asayesh, H., rahmani, H., hoseini, S. A., talebi, M. (2013). The relationship between caregiver burden with coping strategies in Family caregivers of cancer patients. *IJPN, 1* (3), 62-71. URL: http://ijpn.ir/article-1-170-fa.html

Abdollah zadeh, R., moodi, M., allahyari, A., khanjani, N. (2015). The Relationship between Spiritual Intelligence and Resiliency of Patients Suffering from Cancer in South Khorasan State. *Nvj, 2* (3), 15-24. URL: http://njv.bpums.ac.ir/article-1-628-fa.html

Asadollahi, F., Neshatdoost, H. T., Kalantary, M., Mehrabi, H. A., Afshar, H., Daghaghzadeh, H. (2014). Effectiveness of spiritual therapy on somatic symptoms in female patients with irritable bowel syndrome. *J Res Behave Sci, 12*(3), 317-327.

Azhdarifard, P., Ghazi, G., Nooranipoor, R. (2010). The impact of teaching Gnosticism and spirituality on students' mental healt. *J Mod Thoughts Educ, 5*(2), 105-27. [Persian]

Bakhshi Pour Rudsari, A., Peiravi, H., Abedian, A. (2004). *A study of the relationship between life satisfaction, social support and general health of students*. The second national seminar on mental health of students. Tarbiat Modares University, 71-69.

Bartolo, M., De Luca, D., Serrao, M., Sinforiani, E., Zucchella, C., Sandrini, G. (2010). Caregiver burden and needs in community neurorehabilitation. *Journal of rehabilitation medicine, 42*(9), 81–

Billings, A.G., & Moos, R.H. (1981). The role of coping responses and social resources in attenuating the stress of life events. *Journal of Behavioral Medicine*, 4,139-157.

Borjali Lou, S. (2014). *The effect of spiritual care education to parents on quality of life, pain perception and mental health components of children with cancer*. PhD thesis in Educational Psychology. Shahid Beheshti University.

Bradley, C. J., & Dahman, B. (2013). Time away from work: employed husbands of women treated for breast cancer. *J Cancer Survive, 7*(2), 227-36.

Broumandzadeh, N., & Karimi Sani, P. (2015). Determining the Effectiveness of Spiritual Skills Training On General Health and Anxiety of Female High School Students in Tabriz. *J Instruct Eval, 8*(31), 9- 23.

Campbell-Sills, L., Cohan, S. L., & Stein, M. B. (2006). Relationship of Resilience to Personality, Coping, and Psychiatric Symptoms in Young Adults. *Behavior Research and Therapy, 44*, 585-599. https://doi.org/10.1016/j.brat.2005.05.001

Caparrós, B., & Masferrer, L. (2021). Coping strategies and complicated grief in a substance use disorder sample. *Front. Psychol, 11*, 624065. doi: 10.3389/fpsyg.2020.624065

Chang, H. Y., Chiou, C. J., Chen, N. S. (2010). Impact of mental health and caregiver burden on family caregivers' physical health. *Archives of gerontology and geriatrics, 50*(3), 267-71.

Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depress Anxiety, 18* (1), 76-82.

Duggleby, W., Williams, A., Holtslander, L., Cunningham, S., & Wright, K. (2012). The chaos of

caregiving and hope. *Qualitative Social Work, 11*(5), 459-469.

Fischer, P., Amy, L., Nilüfer, A., Dieter Frey, S., Haslam, A. (2010). The Relationship between Religious Identity and Preferred Coping Strategies: An Examination of the Relative Importance of Interpersonal and Intrapersonal Coping Muslim and Christian Faiths. *Review of General Psychology, 14*(4), 365-381.

Fisher, J. (2011). The Four Domains Model: Connecting Spirituality, Health and Well-Being. *Religions, 2*, 17-28. https://doi.org/10.3390/rel2010017

Folkman, S., & Lazarus, R. S. (1985). If it changes it must be a process: study of emotion and coping during three stages of a college examination. *Journal of personality and social psychology, 48*(1), 150.

Fountoulakis, K. N., Siamouli, M., Magiria & S. Kaprinis, G. (2008). Late-Life depression, religiosity, cerebralvascular disease. Cognitive impairment and attitudestowards death in the elderly: Interpreting the data. *Medical hypotheses, 70*, 493-496**.**

Gage-Bouchard, E. A., Devine, K. A., Heckler, C. E. (2013). The relationship between socio-demographic characteristics, family environment, and caregiver coping in families of children with cancer. *Journal of Clinical Psychology in Medical Settings, 20*, 478-87.

Juhnke, G. A., & Hagedorn, W. B. (2006). *Counseling Addicted Families, An Integrated Assessment and Treatment Model*. Routledge, Taylor & Francis Group, LLC.

Graham, S., Furr, S., Flowers, C., & Burke, M. T. (2001). Religion and Spirituality in Coping with Stress. *Counseling and Values, 46*(1), 2-13.

Hamama-Raz, Y., Perry, S., Pat-Horenczyk, R., Bar-Levav, R., & Stemmer, S. M. (2012). Factors affecting participation in group intervention in patients after adjuvant treatment for early-study breast cancer. *Acta Oncologica, 51*(2), 208-214.

Hirsch, J. K. (2003). *A examination of optimism, Pessimism and hopelessness as predictors of suicidal ideation in college students: A test of moderator model*. PhD Thesis. USA: University of Wyoming.

Izadian, N., Amiri, M., Jahromi, R., & Hamidi, S. H. (2010). A study of relationship between suicidal ideas, depression, resiliency, daily stresses and mental health among Tehran university students. *Proscenia- Social and Behavioral Sciences, 5*, 1515-19.

Kadivar, M., Seyedfatemi, N., Shojaee Jeshvaghanee, S., Cheraghi, M. A., Haghani, H. (2015). Exploring the relationship between spiritual well-being and stress and coping strategies in the mothers of infants hospitalized in the neonatal intensive care units. *Daneshvar Medicine, 22*(118), 67-76. https://www.sid.ir/en/journal/ViewPaper.aspx?id=475125

Khatamsaz, Z., Maarefvand, M. (2014). Coping strategies of the parents of the children with cancer. *Quarterly journal of social work, 3* (3), 3-9.

Kiani, J., jahanpour, F., Abbasi, F., Darvishi, S., Gholizadeh, B. (2016). Evaluation of effectiveness of spiritual therapy in mental health of cancer patients. *Nursing Journal of the Vulnerable, 2* (5), 40-51. URL: http://njv.bpums.ac.ir/article-1-675-fa.html

Kim, S., Esquivel, G.B. (2011). Adolescent spirituality and resilience: theory, research, and educational practices. *Psychol Sch, 48*(7), 755-65.

Kim, y., Given, B.A.(2012). Quality of life family caregivers of cancer survivors. *Cancer,11*,2556-68.

Kork, D. (2008). The role of spirituality in coping: Examining the relationships between spiritual dimensions and coping styles. *Mental Health, Religion & Culture, 11*(7), 643–653.

Lazarus, R. S. (1991). *Emotion and adaptation*. New York, NY: Oxford University Press.

Lazarus, R., & Folkman, S. (1984). *Stress, Appraisal, and Coping*. New York: Springer.

Mahdavi, B., Fallahi Khoshknab, M., Mohammadi, F., Hosseini, M. (2015). The effect of group spiritual care on quality of life in family caregivers of elders with Alzheimer's disease. *JHPM, 4*(3), 34-42. URL: http://jhpm.ir/article-1-476-fa.html

Marton, M. G., Simoni, J. M., Kerwin, J. (2002). Spirituality andpsychological adaptation among women with HIV/AIDS:Implications forcounseling. *Journal of Counseling Psychology,49*(2),139-

Miller, W. R., & Thoresen, C. E. (2003). Spirituality, religion, and health: An emerging research field. *American Psychologist, 58*(1), 24–35. https://doi.org/10.1037/0003-066X.58.1.24

Mirzaeifar, F. (2015). *The study of the effectiveness of complementary therapies using group counseling on the mental health of patients with M.S*. Master Thesis. Faculty of Educational Sciences and Psychology. Al-Zahra University.

Mohammadi, M. (2005). *Investigating the factors affecting resilience in people at risk of substance abuse*. PhD Thesis. University of Social Welfare and Rehabilitation Sciences. Tehran.

Morasei, F., Aghajani, M. (2014). The Effect of counseling with spirituality approach on Hope in patients with chronic renal failure. *Cmja, 4*(2), 776-786. URL: http://cmja.arakmu.ac.ir/article-1-221-fa.html

Moritz, S., Kelly, M., Xu, T., Towes, J., Rickhi, D. (2011). Teaching Spirituality in Depression. *J Commentary Therap in Med, 19*, 201-7.

Nasiri, M., Kheirkhah, F., Rahimian, B., Ahmadzadeh, B., Hasannejad, H., Mohammad Jafari, R. (2013). Stressful factors, coping mechanisms and quality of life in hemodialysis patients. *Iran J Crit Care Nurs, 6*(2), 119-126.

Nohi, E., Abdolkarimi, M., Rezaeian, M. (2011). Quality of Life and its Relationship with Stress and Coping Strategies in Coronary Heart Disease Patients. *JRUMS, 10*(2), 127-137.

Papastavrou, E., Charalambous, A., Tsangari, H. (2012). How do informal caregivers of patients with cancer cope: A descriptive study of the coping strategies employed .*European Journal of Oncology Nursing, 16*(3), 258-263.

Pargament, K. I. (2007). *Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*. New York, Guilford.

Pottie, C. G., & Ingram, K. M. (2006). *Coping responses used by parents of children with autism*. Poster presented at the 114th American Psychological Association Convention, New Orleans, LA.

Richards, P. S., Hardman, R. K., & Berrett, M. (2007). *Spiritual Approaches in the Treatment of Women with Eating Disorders*. Washington: AmericanPsychological Association.

Sadat Hoseini, F., Hosein Chari, M. (2013). Surveying the evidence related to the validity and reliability of family resiliency scale. *Journal of Counseling and Psychotherapy of Family, 3*(2), 181- 206.

Sajadian, A., Hydary, L., Mokhtari Hesari, P. (2015). Common Breast Cancer Family Care Giving Problems. *Ijbd, 8*(2), 7-14. URL: http://ijbd.ir/article-1-434-fa.html

Samani, S., Jokar, B., Sahragard, N. (2007). Effects of Resilience on Mental Health and Life Satisfaction. *IJPCP, 13*(3), 290-295. URL: http://ijpcp.iums.ac.ir/article-1-275-fa.html

Soundy, A., Benson, j., Dawes, H., Smith, B. J. (2012). Understanding Hope in individuals with multiple sclerosis. *Psychotherapy, 98*(4), 344-50.

Spielberger, C. D & Reheiser, E. C. (2006). Psychological defense meachanicms, motivation and the use of tobacco. *Personality and Individual Differences, 41*, 1033-1043.

Swinton, J., & Pattison, S. (2010). Moving beyond clarity: towards a thin, vague, and useful understanding of spirituality in nursing care. *Nursing philosophy, 11*(4), 226-237.

Taghizadeh, M.E., Miralaee, M. (2013). Study of the effectiveness of group spiritual therapy on resilience of women with multiple sclerosis in Isfahan. *Health Psychology, 2*(7), 82-102.

Wadhwa, D., Burman, D., Swami, N., Rodin, G., Lo, C., Zimmermann, C. (2013). Quality of life and mental health in caregivers of outpatients with advanced cancer. *Psycho oncology, 22*(2), 40310.

Walker, R., & Stephens, R. S. (2014). Protective behavioral strategies mediate problem-focused coping and alcohol use in college students. *Psychol. Addict. Behav, 39*, 1033–1037. doi: 10.1016/j.addbeh.2014.02.006

Wong, Y. J., Rew, L., Slaikeu, K. D. (2006). A systematic review of recent research on adolescent religiosity/spirituality and mental health. *Issues Ment Health Nurs, 27*(2), 161-183.

Yaghubi, M., Abdekhoda, M., & Khani, S. (2019). Effectiveness of Religious-Spiritual Group Therapy on Spiritual Health and Quality of Life in Methadone-treated Patients: A Randomized Clinical Trial. *Addiction & health*, *11*(3), 156–164. https://doi.org/10.22122/ahj.v11i3.238

Yang, K. P., & Mao, X. Y. (2007). A study of nurses'

spiritual intelligence: A cross-sectional questionnaire survey. *International journal of nursing studies, 44*(6), 999-1010.

Zahed-Babelan, A., Rezaei Jamalvandi, H., Herfati Sobhani, R. (2012). An investigation of the relationship between attachment to god and resilience with meaningful life among students. *Knowledge & Research in Applied Psychology, 13*(3), 75-85