

Spiritual interventions in Iran: A review article

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Abstract

Objectives: Although many studies have examined the effects of spiritual interventions, ambiguity of the model of them causes bias. This study aimed to achieve a picture of spiritual interventions in Iran as a Shiite Muslim country.

Method: An advanced search was conducted in main Iranian and international databases using both the English and Persian keywords of spiritual intervention, spiritual care, spiritual therapy, spiritual support, and spirituality. Iranian studies that indexed until May 2016 and were related to the effects of spiritual therapies in clinical trials were selected.

Results: Out of the 31 selected articles, 17 were in Persian-language journals, and 14 were in English-language journals. The interventions that have presented in these articles were classified into three main categories: research-based interventions, mixed interventions and arbitrary interventions.

Conclusion: No clear model for spiritual interventions can be extracted from Iranian studies.

Keywords: Clinical Trials: Iran: Spirituality: Spiritual Therapy

What is already known about the topic?

- In recent decades, spiritual care has been added to the collection of patients care
- There is no clear definition of spiritual care and it often overlap with religious concepts
- There is too much diversity in spiritual clinical trial interventions

What this paper adds?

- Even though Iran is among the six countries with the most studies in this area, it appears design of spiritual interventions in Iranian clinical trials are not based on a specific study to find the best spiritual/religious interventions for their study group

(Allah). Accordingly, the concepts of spirituality and religion are thus inseparable, although not in the sense that they are one and the same, but in the sense that religion is necessary for spiritual improvement [1].

Spiritual care as patient needs is a dynamic and subjective concept and refers to healing presence, therapeutic use of self, intuitive sense, exploration of the spiritual perspective, patient- and meaning-centered interventions, and creation of a spiritual environment [2]. Spiritual care can be integrated into other aspects of care and influence treatment decisions and with facilitation of coping and healing can influence prognosis and quality of life [2-8]. On the other hand, a wrong approach to spiritual intervention is not only unethical, but it can also increase the burden of disease instead of reducing it [9,10]. Among patients, there is also a tendency to incorporate spiritual/religious interventions in normal care services [11,12]. Therefore, in recent decades, "spiritual care" has been added to the collection of patients care and has accompanied the development of research in this area [13,14].

However, there is no single definition of spiritual care. Various concepts and definitions have been given, from religious care that refers to performing some religious rituals to secular care that refers to the individual level experience of care [15,16]. In addition, these concepts often overlap with each other. Patient definition of spiritual care is also different from the definition of providers of this kind of services [17]. Cultural, social, and religious variables also have an effect on it [18,19]. Additionally, it can cause a feeling of helplessness and confusion in this type of service providers, too much diversity in clinical trial interventions, and finally bias in researches [18,20-22]. Even though Iran is among the six countries with the most studies in this area, it appears such conditions do also exist in Iran [23]. Therefore, this study was designed to answer the following question: what are the spiritual interventions that have been designed for Iranian context in clinical trials. The answer to this question can create

Introduction

Based on Iranian context, spirituality is the sublime aspect of human existence bestowed on all humans in order for them to traverse the path of transcendence that is closeness to God

a picture of spiritual interventions in the Iranian society and also help in the design of future studies.

Methods

This review study was conducted by an advanced search. In order to find articles, a search was done in www.magiran.com and www.sid.ir for articles published in Persian and in PubMed and Scopus for articles published in English. The search in English-language databases was limited to Iran. The search was performed using the keywords spiritual intervention, spiritual care, spiritual therapy, spiritual support, and spirituality. The Persian equivalents of these keywords were searched in Persian-language databases.

After the above search, articles were screened for the following criteria in order to determine their inclusion or exclusion from the study: 1) Iranian first author and corresponding author and an affiliation with either an Iranian university or research center, 2) the measured effect of spiritual intervention in a clinical trial, 3) an Iranian study population, and 4) a published and index date prior to May 2016. Exclusion criteria included: 1) the study having been published more than one time (in which case only one of them was studied), 2) a single intervention on different groups or to assess different outcomes (in these cases, due to the number of articles derived from these studies, only one study entered our research), 3) the uncertainty of the treatment protocol used in the study, and 4) lack of access to the English-language abstract of Persian-language articles.

Results

After two rounds of screening (including a search of title and abstract and then a search of the full text) 31 articles were selected for data entry. Of these, 17 articles in Persian-language journals and 14 articles in English-language journals were published [24-51]. We categorized the Interventions of these articles into three main categories: 1) research-based interventions, 2) mixed interventions and 3) arbitrary interventions. [Table 1] summarizes the results of the study.

Research-based interventions

This category refers to the interventions which were based on a specific study to find the best spiritual/religious interventions for their study group in Iranian culture. A total of one article was classified into this category [42].

Mixed interventions

This category refers to interventions that had been designed by: 1) adding some spiritual and religious concepts to a well-known model of counselling and psychotherapy, and 2) mixing selected concepts of different models. A total of 13 articles were classified under this category [24,25,28,31,36,37,39,40,44,45,48,49,52].

Arbitrary interventions

This category refers to implementing some spiritual/religious designed by researchers without research background or without using an evidence-based model of spiritual/religious intervention. A total of 17 articles were classified under this category [26,27,29,30,32-35,38,41,43,46,47,50,51,53,54].

Discussion

The results of the present study show the range of spiritual interventions in patients and healthy subjects, which can be an inspiration to researchers in this field. However, due to the diversity of methods in these studies, a single method for spiritual interventions that suits the cultural and religious context of Iran cannot be achieved, and regarding research, a systematic review or meta-analysis cannot be done. In such circumstances in which few therapeutic models exist and it is expected that researchers in this field create standards by developing clearly identified research boundaries, a number of these studies have used the models of spiritual interventions of other cultures and religions, and some of them have even combined various components and have evaluated their effect as a whole; however, an explanation as to how and why the different sectors of interventions were combined was not provided. In fact, we found just 1 article in clinical trial until May 2016 that implemented interventions based on a specific study to develop culturally appropriate interventions. So a local version of spiritual therapy backed by solid research cannot be achieved. The absence of comparison with other methods of treatment (which in our study, only 5 involved these comparisons), lack of a control group in some studies, and no clear boundary between spiritual and religious interventions are also some cases which contribute to the above problem [24,27,28,32,34,39,40,42]. Increased research in this area, strengthening the link between health care researchers and scholars of Islam, focused research on previous research studies in order to improve their generalizability, encouraging the publication of study results in English, and carrying out joint research with other Muslim countries are strategies to promote research in this area.

Limitations of our study are the exclusion of studies that did not have English abstracts and not searching for studies that were performed as theses and therefore not published.

Conclusion

In most Iranian spiritual clinical trials, interventions are not evidence-based. Interventions are either a mixture or arbitrary selection of some spiritual/religious concepts. So, no clear model for spiritual interventions can be extracted from Iranian studies.

Table 1: Summary of spiritual interventions in clinical trials in Iran

No.	Authors, Year of publication (+Ref. No.)	Interventions
Research-based interventions		
1	Ebrahimi A, et al. 2013 (42)	Interventions designed based on Grounded theory in Islamic sources: being in touch with reality, positive attitude toward the future, searching for positive change in the past, finding meaning in hardship, meditation, prayer, relationship with others, and participation in the activities of spiritual joy
Mixed interventions		
1	Ghahari S, et al. 2012 (28)	Combining Richards & Bergin spiritual/religious psychotherapy (55) with Tuck (56) and Lines(57) spiritual studies and some spiritual/religious concepts
2	Reihani T, et al. 2014 (49)	Combining Richards & Bergin spiritual/religious psychotherapy (55) with some Islamic teachings
3	Hosseini MA, et al. 2013 (44)	Combining Richards and Bergin’s spiritual therapy techniques (55) with some Islamic supplication and the holy Quran verses
4	Mahdavi B, et al. 2015 (40)	Adding some spiritual/religious concepts to Richards and Bergin’s spiritual therapy techniques (55)
5	Shafiee Z, et al. 2016 (52)	Mixing American Psychological Association model for spiritual interventions with some selected concepts from Iranian spiritual/religious studies
6	Ahmadifaraz M, et al. 2015 (24)	Implementing a variety of Islamic prayers with using Cognitive Behavior Therapy principles
7	Taghadosi M, et al. 2014 (37)	Reviewing stages of life based on Erickson’s developmental model, in combination with some spiritual and religious teachings
8	Salajegheh S, et al. 2014 (36)	Combining the spiritual healing of Hartz(58) with Beck’s model of cognitive behavioral therapy (59) and teaching some spiritual and religious rituals
9	Yaghubi H, et al. 2012 (39)	Combining Richards & Bergin spiritual/religious psychotherapy (55) with some Islamic teachings
10	Hamdieh M, et al. 2008 (31)	Combining Richards & Bergin spiritual-religious psychotherapy (55) with Beck cognitive behavior therapy (59) and adding some Islamic religious rituals
11	Ravaei F, et al. 2013 (48)	Combination of some spiritual concepts with reading Koran and some cognitive and behavioral interventions
12	Jafari N, et al. 2013 (45)	Cole and Pargament’s(60) approach combined with some techniques of behavior therapy (relaxation and meditation) and Gestalt psychology (two chair)(61)and prayer therapy
13	Asadollahi F, et al. 2014 (25)	Combination of Enright model (62), Adler and Fagley model (63) and 4-axes model of person’s relationship with self, others, nature, and God
Arbitrary interventions		
1	Lotfi Kashani F, et al. 2012 (34)	Training of 6 components: self-awareness, benediction, trust in God, patience, praise, and asking forgiveness from God
2	Bamdad M, et al. 2013 (26)	Active listening with some spiritual-religious interventions to induce hope
3	Saeedi Taheri Z, et al. M. 2013 (35)	An Islamic concept (Ghalb-e-Salim) with a focus on achieving a sense of peace and security, relaxation, hope, love and happiness
4	Fallahi-Khoshknab M. 2007 (27)	A 10-day pilgrimage to the most famous religious city in Iran (Mashhad)
5	Gholami A, et al. 2012 (30)	Implementing some selected religious rituals
6	Ghanbari V, et al. 2012 (29)	Group reading of the Persian translation of the Koran and discussing the meaning of the verses
7	Kajbaf MB, et al. 2014 (32)	Training and discussing 10 different Islameic believe and ritual
8	Taghizadeh ME, et al. 2013 (38)	Training and discussing 14 different spiritual-religious and non-spiritual-religious concepts
9	LotfiKashanai F, et al. 2013 (33)	Training and discussing self-monitoring, connection to endless power, forgiveness, anger management, and finding meaning in difficult experiences
10	Moeini M, et al. 2012 (46)	Supportive presence, supporting patients’ religious rituals, and allowing family and clergymen at the patient’s bedside
11	Musarezaie A, et al. 2014 (47)	Supportive presence, and supporting patients’ religious rituals
12	Musarezaie A, et al. 2015 (50)	Supportive presence, and supporting patients’ religious rituals
13	Eskandari N, et al. 2012 (43)	Recitation of verses 7 to 23 of Joseph in the Koran for 20 minutes with headphones in the morning with a sound of 50-60 decibels
14	Beiranvand S, et al. 2014 (41)	Twenty minutes of headphone broadcasting of a prayer associated with healing from God
15	Zamaniyan S, et al. 2016 (51)	Communication with inner self and God, Altruism, relationships with holy sites, forgiveness, fear of death and thanksgiving
16	Hedayati E, et al. 2015 (53)	Caring presence, supporting religious rituals and reading words of religious scholars and world’s scientists about hope, generosity and forgiveness.
17	Hosseini L, et al. 2016 (54)	Some spiritual/religious concepts training based on some Quran verses and Islamic supplications

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