



## **Effects of Spirituality Therapy with Emphasis on Islamic Teachings on the Depression Symptoms and Adaptability of the Students with Abnormal Grief**

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### **ABSTRACT**

Death of an important person is one of the main events in the children's life which children or teenagers may experience. Indeed, children losses his/her parents, sister, or brother have to achieve a method by which he/she be able to avoid its pressure. The purpose of this study is to examine the effect of spirituality therapy on depression symptoms and adaptability of the students with abnormal grief. The research is a semi-experimental pretest-posttest study with control group. In order to this, a sample of 20 students, who had symptoms of research variables, was selected from statistical population after primary study through convenience sampling method. The sample members were appointed to the control and experimental groups randomly. Data-measurement tools were California individual-social adaptability test and depression test. The reliability and validity of the tests have already been examined and confirmed in past studies. The research data was analyzed in the SPSS through COVARIANCE analysis. The findings of this study revealed that there is a significant difference between performances of experimental and control groups in terms of individual-social adaptability test and depression test after adopting spirituality therapy. Based on the findings of this study, it can be said that spirituality therapy can be effective on decreasing depression symptoms and improving adaptability of the students with abnormal grief significantly.

**Keywords:** Abnormal Grief; spirituality therapy; Depression

## **1. INTRODUCTION**

Servitude is man's heart and essential bond with God, and via breaking the wall of ignorance, it develops man such that he adjusts his own relation with self and the society rationally and reasonably. Full regard has been focused on Islamic worships, including prayer, Haj pilgrimage, Jihad (Islamic Struggle), and the so-called God's rights. In servitude based spirituality, there is no room for individualism and isolation, rather, comprehensiveness and serving servants of God for the sake of His consent shines on the path of divine servitude. Man with servitude can gradually manage all of his existential dimensions so that he is released from all restrictions and constraints, and dominates over his own self via spiritual freedom. Lordship involves several stages: a) Dominance over self and sensual forces or management over the realm of one's own; b) management over one's own body such that body is no longer employed in some activities; c) dominance over external nature and the influence of the will or guardianship on outside of self at the permission of God. Polls suggest that 80% of the American people have faith in the power of prayer for improving ailments and diseases; on the other hand, one can state that spiritual transcendence assumes importance as an effective dimension in all individual's areas of life (Bahrami et al, 2005).

Researchers have shown that religious people who are constrained with worship and spirituality tendencies are less likely to face mental problems. It appears that major features of man's religious and spiritual experiences have been shown as an ultra-reality compared to his feelings which often appear during childhood; the feeling that there is something else beyond man himself and feeling of need for personifying this being as a Creator and establishing an "I and You relationship" with Him via praying. There is always a special relation between man and religion, where if man allows it to emerge, it is revealed evidently. If he eliminates this opportunity and oppresses this internal or outward issue, this desire will emerge in deviation and superstitious forms and in any form, it becomes revealed. Since any internal or intrinsic issue requires an appropriate ground for actualization and appearance, religiosity, too requires conditions under which it can reveal itself. It is clear that these conditions vary for different people; when the one sitting on a ship quite comfortably and all of a sudden, a storm engulfs the seas, he is surrounded by hard times and has no hope in anybody, it is after this moment he recalls there is a God he can receive help from (Yasami Nejad et al, 2010).

Death is an inevitable reality and we have to accept it as a part of our life, as we will be died. So we should accept death and its effects in our life. Indeed, death of an important person is one of the main events in the children's life which children or teenagers may experience. It is should be noted that children's death can be influenced by many factors such as age, affective mature, adaptability ability, and so on (Shaw et al, 2007). Grief is not a mental disorder, but it is considered as one of the main reasons that many people's refer to psychologists because of it. A natural period of grief starts some days after death for relatives. There are several symptoms for such a period such as sadness feeling, mental involvement with died person, cry, lack of focus in daily activities, and so on. Indeed, length of such a period depends on the cultural characteristics and usually is not more than 6 moths. However, normal grief may result in depressed disorder which requires treatment. Since grief leads to depression symptoms, it's long-term, emergence can be considered as a symptom of depression. It may result in many destructive outcomes such as suicide and other mental diseases (Sadock & Alkot, 2008).

## **Nature of depression**

For Beck et al, depression is essentially a thinking disorder than a temperament disorder. In the cognitive perspective, depression could best be described as the cognitive triangle of negative thoughts about oneself and the future situation: A depressed person misinterprets realities quite negatively and concentrates on negative aspects of any situation or has disappointing and pessimistic views about the future. Depressions are the salient example of undue decision and definition about thoughts. Periods of fear which is not at all based truth, including person's fear of being left away by his/hers family. Beck defines clinical depression (unipolar) as a phobic disorder that includes changes in five emotional, motivational, behavioral, cognitive and physical areas (Taghva, 2016).

The main characteristic of the major depression period is a minimum time period of two weeks, while depressed disposition or apathy or lack of feeling enjoyment almost exist in all activities. In children and adolscents temperament may be irritable than sad. Also, the person should have at least four other symptoms of the following list. Changes in appetite or weight, sleeping, and movement mental activities, reduced energy, feeling worthlessness, problem with thinking, concentration or generalization or relapse thoughts (recidivism) about death and suicide and scheming a plan or plan for suicide. For diagnosing the major depression, the symptom should either be recently appeared or clearly get worse in comparison with the previous period. Symptoms should persistalmost everyday for at least two consecutive weeksduring the day. This period should be followed by distress or substantial considerable disorder in the occupational social or other main functional areas. In regard to some people, the milder periods of functions could be apparently normal, but they need growing efforts.

## **Dysthymia (Depression neurosis)**

From the viewpoint of DSME IV, the boundary between depression and dysthymia is a clearly important basis, particularly among the children and adolscents. There are two major differences in diagnostic criteria of dysthymia between the children and adolscents and adults. Children and adolscents may instead of or in addition to a depressed temper seen in the adults show more irritability. The temperamental disorder in the children and adolscents should continue for one year than two years (Sadock and Sadock, 2011). Dysthymia disorder is like mild and chronic depression symptoms. This disorder has at least two symptoms of the following symptom:

1. Anorexia or bulimia
2. Insomnia or oversleep
3. Low self-esteem
4. Reduced energy level and laziness
5. Reduced concentration level or weakness in decision making
6. Felling uncertainty

## **Depression and adolescence**

Depression is the feeling of sadness, frustration about life along with losing interest in most activities and sleeping, concentration disorder and it is the most prevalent disorder among the juveniles. Depression exists in childhood too, while depression symptoms increase by the time of puberty.

If we consider the challenges the adolescents face and their growing abilities in concentrating on themselves, this change will be more comprehensible. Girl adolescents are two times as much to contract depression than their boy counterparts, while this difference will continue throughout life. Depression does not allow the adolescents to master their life assignments. If the depressed adolescents are not treated, they will highly likely become depressed by adulthood. The adolescents depression is related with continued anxiety, drug abuse, lawlessness and car accidents. Depression also predicts immediate problems of educational performance, employment, marital life, and child rearing (Berk, 2009).

From **spirituality therapy with emphasis on Islamic teachings**, death is an inevitable event in which person has not his own control. Also it should be noted that person's beliefs, behaviors, and affects will be changed during this period. With respect to the importance of this issue, the purpose of this study is to examine the effect of **spirituality therapy with emphasis on Islamic teachings** on depression symptoms and adaptability of the students with abnormal grief.

## **2. METHODOLOGY**

This study is a pretest-posttest research with control group. The form of such studies are presented in the following section.

**Statistical population and sample:** the statistical population of this study includes all of the students with abnormal grief in the city of Ghorveh in 2014. A sample of 20 students was selected from this population based on the research variables. These characteristics were educational level (including guidance school and high school, an experience of grief (for three or six months), depression (based on the DSM-IR-IV measure), and lack of a certain physical disease. The sample members were selected randomly and then were appointed to the experiment and control groups.

### **Tool**

In order to collect the research data, the questionnaire of demographic characteristics, questionnaire of children and teenagers' depression were used.

### **Questionnaire of children and teenagers' depression**

In order to develop questionnaire of children and teenagers' depression, approaches and views of famous theorists were collected in terms of children and teenagers' depression. They include Toolan and Glasser, Weiner, Malmquist, and Bakwin.

This questionnaire was normalized by Bozorgi. Also its validity has already been examined and confirmed by Him. The questionnaire includes 42 diseases symptoms and many of them have overlap with each other. The items, which have many overlap, were delimited from questionnaire based on the DSM criteria. Finally, 12 items were developed in the scale. Reliability of the questionnaire was examined and confirmed.

For this purpose, 10 clinical experts were asked to review and modify questionnaire. In the next step, the questionnaire was indicated by 1546 students with 7-18 years old and the present version of questionnaire was designed. Cronbachs' Alpha Coefficient was 0.861 for this questionnaire.

The questionnaire has been used in many studies. In order to use this questionnaire in the present study, its Cronbachs' Alpha Coefficient was measured. The coefficient was 0.89 and 0.80 for overall questionnaire.

As indicated previously, an experiment research method was used for collecting research data. For this purpose, the following steps were passed.

1. Selecting sample members randomly from statistical population based on the research variables
2. Dividing sample members into two groups including experiment and control groups
3. Distributing questionnaires of depression among sample members in both experiment and control groups in order to collecting data of participants' depression.
4. Applying independent variable (**spirituality therapy with emphasis on Islamic teachings**)

In the next step, **spirituality therapy with emphasis on Islamic teachings** was done in eight sessions individually. The sessions are presented and described in the following section. In the *first session*, the authors have attempted to interview students with grief and create a friendly relation with them in a secure and safe environment. They have attempted to inform students about research purposes, present conditions in a qualitative method, and expression of senses and emotions. In the *second session*, authors have attempted to make students' responses natural, moderate their emotions in a supported environment, explore their senses, emotions, and reactions in the exposure step.

In the *third session*, authors have attempted to inform students with concept of emotion and depression and their effect on participants' grief in a simple manner. In remaining sessions, the contents of past sessions were reviewed and their success or failure of homework was examined. In the *fourth session*, a physical relaxation was used for decreasing symptoms of excitation. In the *fifth session*, projective techniques were used such as pleasant thoughts and memories to mind their own replacement in recall of intrusive thoughts and memories. In the *sixth session*, techniques of avoiding sad events and memories such gradual desensitization were used.

In the *seventh session*, role relocation methods were used so exactly that participant expresses their expectations and emotions. In the *eighth session*, training skills and day-today activities were done. The use of such a method helps participant to replace grief with day-today activities. After these sessions, California questionnaire of depression questionnaire were used. The questionnaires were used for collecting data about respondents' depression in posttest.

### 3. FINDINGS

The findings of this study were presented in this part of paper. For this purpose, descriptive and inferential findings were presented relatively.

#### **Descriptive findings**

**Table 1.** Descriptive measures of control and experiment groups in terms of depression.

Variables	Steps	Statistical measures	Average	Standard deviation	Minimum	Maximum
		Group				
Depression	Pretest	Experiment	25.13	10.27	11.44	39.00
		Control	21.31	12.47	2.00	39.00
	Posttest	Experiment	12.30	9.62	5.00	32.70
		Control	20.49	12.52	0	35.66

**First hypothesis:** spirituality therapy with emphasis on Islamic teachings influences depression symptoms of students with abnormal grief negatively.

**Table 2.** The results of covariancae analysis

Source of variations	Sum of squares	df	Average of sum of squares	F	Sig	Eta	Statistical power
Pretest	1526.04	1	1526.06	36.07	0.0001	0.68	1.00
Group	616.30	1	616.30	14.57	0.001	0.46	0.949
Error	0.9719	17	42.30				

Based on the results of table 2, it can be said that there is a significant negative relationship between **spirituality therapy with emphasis on Islamic teachings** and depression symptoms of students with abnormal grief. In other words, the difference between two groups of participants refers that **spirituality therapy with emphasis on Islamic teachings** can be effective on decreasing depression symptoms of students with abnormal grief. Also Eta of this hypothesis is 0.46.

#### 4. DISCUSSION

The current study was aimed to explore the effectiveness of spirituality therapy on depression, where given the current researcher's hypotheses and findings, it can be concluded that it is effective to use spirituality therapy.

The relationship between parents and children is the main basis of educational achievement and educates them in terms of depression in the future situations. On the other

hand, death of parents is one of the painful events in child and teenagers' life. The results of different studies revealed that child who cannot express their grief will have behavioral disorders and destroys. Ability of suffering a grief depend cognitive growth, perception, and sense of child (Izadfar, 2001).

Despite the fact emotion is a main defense mechanism, it is substantially valuable. However, it has not yet orderly been studied and since hatred arises when facing an irritating stimulus that could lead to indignation, it is along with some movements that appear around mouth and look like the mouth movements when throwing up. For instance, a fixed and permanent sign in the emotion of grief is that people show sensitivity to cold and can hardly keep them warm. Anorexia, lack of inclination to eating is also seen in ten emotion of grief. All have experienced states of happiness and pleasure. Some degrees of it are like the emotion of natural grief, but some types of it arise variedly and with aggravated signs and are recognized as mental disorders. Inflicted with mental disorders, the person permanently live in a state of happiness and cheerfulness and might do some surprising activities.

Laughter facial states like the lips being drawn, glaring and often tearful eyes, higher motivation and speaking are signs of happiness. Some argue happiness signs are sometimes like signs of anger. Although they belong to separate groups, physical sings like screaming, trumping, increased acidity do arms and hands, red eyes spinning, strong steps exist in both emotions while goals differ. However, the goal of anger is destruction and elimination, while happiness aims at togetherness and maintaining it. In their life cycles, all living creatures face instantaneously new and responses as emotional shock, or surprise. These responses appear on occasions that come into effect, intense, and sudden stimuli. Of main surprise signs, one can refer to the excited hearing and vision senses, mouth and eyes opening and the eyebrows being drawn up, producing sudden voices of mouth and shyness surprise.

Spirituality can enable people to fulfill certain choices and appropriate behaviors during their lives. This point can help reduce depression. Spirituality, in the Koran, is based on Sharia, the Unseen and Divine Soul and is fed by rationality, wisdom, servitude and modification of internal and external forces. The spirituality which is shown by the Koran has a large scale and comprehensive realm and is the origin of a happy life that has roots in human-divine civilization and culture. It gives meaning to all social and religious dimensions as well as individual and collective life. Koranic spirituality is dynamic, reliable, developing, creative and generative and never leaves man alone. It is a hopeful, promising and enforceable spirituality in all human aspects and that's why it is a comprehensive explanation for al research findings.

Effective **spirituality therapy** on the appropriate interpersonal interactions education and the way conflicts are solved will increase life expectancy and reduce depression. This will help man choose effective ways to look at the problem as issues and do not deal emotionally with them and choose the most suitable guideline and solution and do not consider the ups and down strategy as well as narcotics consumptions .

## **5. CONCLUSION**

Spirituality therapy contributes to a reduction in depression and increase of life expectancy in the Students with Abnormal Grief. Since, it is likely life expectancy and depression will affect the mental disorders as well as educational failure and act as obstacles

on ten way of success and achievement, thus, ways to increase life expectancy and reduce depression is of importance. In fact, spirituality therapy, by challenging negative thoughts, will boost planning for attaining goals, and strengthen life expectancy and reduce depression.

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