

The Effectiveness of Spiritual-Religious Psychotherapy on Depression, Basic Psychological Needs and Life Satisfaction in Patients with HIV

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Abstract

Background and Objective: HIV not only disrupts the routine life of those affected, but also negatively influences their mental health. This study aimed to examine the effectiveness of spiritual-religious psychotherapy on depression, fulfillment of basic psychological needs and satisfaction with life among people with HIV.

Method: The research design was a semi-experimental one with pretest-posttest and control group format. The population consisted of all men with HIV who referred to Imam Reza Hospital in Kermanshah. The criteria for inclusion were BDI-S, BPNQ, and SWLS. The patients with the highest scores were selected through convenience sampling and randomly assigned to experimental and control groups ($n_1=n_2=15$, $N=30$). The experimental group was provided with eight 60-minute sessions of therapeutic intervention scheduled once a week, while the control group received no intervention. The data were analyzed using descriptive statistics and multivariate analysis of covariance (MANCOVA). All ethical issues were observed in this study and the researchers declared no conflict of interests.

Results: The results showed a significant difference between the experimental and control groups in reducing depression as well as satisfying psychological basic needs including autonomy, competence, and communication with others ($P<0.05$). Moreover, in overall life satisfaction scores were significantly different between two groups ($P<0.05$).

Conclusion: The findings indicate that spiritual-religious psychotherapy on patients with HIV in conjunction with standard medical care have a beneficial effect on health and reduce the severity of clinical disorders.

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Summary

Background and Objective: Chronic diseases are today the most important cause of death (1, 2). One of the four main chronic conditions is the acquired immunodeficiency syndrome (3). AIDS is a fatal disorder of internal nervous system that is known as HIV (4). Negative emotions associated with this disease might directly be targeted to friends, family, hospital staff, and caregivers (3-7). One of the negative

emotions in HIV is depression (8, 9). Patients with HIV may complain of fatigue, appetite loss, weight loss, insomnia, decreased libido, social phobia, low mood, irritability, difficulty concentrating, mental retardation, and suicidal tendencies (3, 5, 8). Basic psychological needs and their lack of satisfaction can play a significant role in health care demands (10). In addition, the concept of needs can be closely linked to treatments and their outcomes (11). Studies on the theory of autonomy show that the satisfaction of basic psychological needs, including "autonomy, competence

and communication", is associated with better performance in the homework, well-being and mental health of individuals (12, 13). Today there is a growing consensus that improving lifestyle satisfaction should be one of the main goals of treatment in chronic diseases and HIV-positive people (14-16). Reports indicate that psychological problems are high among patients with low level of satisfaction and yet, these problems also reduce the amount of life satisfaction (19). Satisfaction with life is one of the predictors of psychological health (20). Decrease in life satisfaction not only increases the psychological distress in the affected person, but also affects the outcomes of treatment and care by influencing one's commitment to medical care and instructions (20-22).

A good number of researchers believe psychotherapy is influenced by the cultural context, beliefs and values of the cultures of the clients (23). Not including all aspects of the patient can interfere with his treatment and healing (24). Therefore, the beliefs and spiritual beliefs and the use of spiritual attitudes, methods and teachings in the form of therapeutic approaches have more favorable results in treatment of people (25, 26). The results of research by Naghi et al (27) showed that cardiovascular patients receiving spiritual therapy were higher in quality of life scores than those in the control group and lower in terms of depression. Ebrahimi et al (28) also indicated that spiritual-religious psychotherapy has been effective in reducing the severity of suicidal tendencies in patients with depression. Moreover, the results of research by Riley et al (29) demonstrated that satisfaction with life among patients participating in spiritual therapy sessions increased dramatically. Several psychological treatments have been developed over the years for the treatment and reduction of psychological disorders as well as the improvement of life satisfaction in chronic patients. In addition to drug therapies, several psychological treatments have been developed over the years. Today there is no doubt that psychological states can affect health behaviors. However, researchers are still uncertain about how and by what mechanism these effects are applied; the lack of such certainty necessitates conducting studies in various fields of health behavior (30). The aim of this study was to "examine the effectiveness of spiritual-religious psychotherapy on depression, satisfaction of basic psychological needs and life satisfaction in HIV positive patients".

Method: The research design was semi-experimental with pre-test and post-test and control group. The statistical population consisted of all men with HIV who referred to Imam Reza Hospital in Kermanshah seeking treatment in 2016. A sample of 30 men was selected and randomly divided into two groups of 15 experimental and control groups. The experimental group (n= 15) was provided with eight sessions of one hour therapeutic intervention scheduled each week and the control group did not receive the treatment intervention. After completing the sessions, the post-test was administered in both groups. Data collection

was done using Beck Depression Inventory-short form, basic psychological needs, and life satisfaction questionnaires. In addition to descriptive statistics, multivariate covariance analysis (MANCOVA) was used to analyze the data.

Results: Demographic data of patients showed that the mean age in the experimental group was 31.19 ± 4.23 and in the control group was 30.45 ± 5.15 years. Findings of covariance analysis indicated that the observed difference between the mean scores of autonomy, competence and communication with others in the post-test stage was significant ($P < 0.05$). Further, it was found that the observed difference between mean depression scores and life satisfaction in post-test stage was significant ($P < 0.05$).

Conclusion: In line with the results of previous studies (27, 34, 35), the present study showed that the spiritual-religious program had a significant effect on basic psychological needs. Various studies have suggested that spiritual-religious beliefs and a purposeful life play an important role in improving physical illness, reducing recovery, and tolerating incurable diseases (3).

Concordant to the results of the previous studies (28, 29, 36, 37), the findings of this study showed that the observed difference was significant between depression mean scores and life satisfaction (both experimental and control groups). To illustrate, it should be noted that spiritual-religious psychotherapy can provide a safe environment for patients; thus reducing the severity of their negative and depressed mood. Overall, it can be concluded that spiritual-religious psychotherapy along with standard medical care has a beneficial effect on health and decreases the severity of clinical disturbances on the psychological parameters of HIV-positive people. This study had some limitations such as sampling, self-monitoring tools, and generalized results. It is suggested that this treatment be considered for other psychological problems and other chronic patients.

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دراسة مدى تأثير العلاج النفسي الديني والمعنوي على الاكتئاب، وتلبية الاحتياجات النفسية الأساسية ورضا الحياة لدى المرضى المصابين بفيروس نقص المناعة البشرية (H.I.V)

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معلومات المادة

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الملخص

خلفية البحث وأهدافه: إن فيروس نقص المناعة البشرية يعطل في الأداء الطبيعي للحياة المصابين به وازدادة الى هذا فإنه يؤثر سلباً على صحتهم النفسية؛ فالغرض من هذا البحث دراسة مدى فعالية العلاج النفسي الديني والمعنوي على الاكتئاب، وتلبية الاحتياجات النفسية الأساسية ورضا الحياة لدى المرضى المصابين بفيروس نقص المناعة البشرية (H.I.V).

منهجية البحث: هذا البحث عبارة عن دراسة شبه تجريبية من نوع مشروع الاختبار القبلي والاختبار مع مجموعة المراقبة، وقد اشتمل المجتمع الاحصائي جميع الذكور المصابين بـ H.I.V الذين تم مراجعتهم مستشفى الامام الرضا (عليه السلام) في مدينة كرمنشاه. وفقاً لمعايير دخول البحث، بالإضافة إلى استمارة «بيك» للاكتئاب (BDI-S)، والاحتياجات النفسية الأساسية (BPNQ)، والرضا من الحياة (SWLS)، تم اختيار المرضى الذين حصلوا على أعلى الدرجات باستخدام طريقة أخذ العينات المتاحة وتم تقسيمهم عشوائياً إلى مجموعتين تجريبية ومراقبة ($n_1 = n_2 = 15$) تلقت المجموعة التجريبية ٨ جلسات من التدخل العلاجي حيث كانت مدة كل جلسة ٦٠ دقيقة في الأسبوع، ولكن لم تتلق المجموعة الضابطة اي تدخل. تم تحليل البيانات باستخدام الإحصاء الوصفي وتحليل التباين المتعدد المشترك (MANCOVA). تمت مراعاة جميع الموارد الاخلاقية في هذا البحث؛ وإن مؤلفي المقالة لم يشاروا الى اي تضارب في المصالح.

الكشوفات: أظهرت الكشوفات ان هناك فارقاً كبيراً بين المجموعتين التجريبية والمراقبة في خفض الاكتئاب؛ تلبية الحاجات النفسية الأساسية بما في ذلك الاستقلالية والكفاءة والتعامل مع الآخرين ($P < 0.05$)، أيضاً، بشكل عام، كانت درجات الرضا عن الحياة تختلف اختلافاً كبيراً بين المجموعتين ($P < 0.05$).

الاستنتاج: استناداً إلى النتائج، فإن العلاج النفسي الديني والمعنوي، جنباً إلى جنب الرعاية الطبية الصحيحة لهما تأثير إيجابي ونافع على المؤشرات النفسية للمرضى المصابين بـ H.I.V في صحتهم وتقليل شدة الاضطرابات السريرية.

يتم استناد المقالة على الترتيب التالي:

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بررسی اثربخشی روان‌درمانی معنوی - مذهبی بر افسردگی، ارضای نیازهای بنیادین روان‌شناختی و رضایت از زندگی در مبتلایان به اچ.آی.وی مثبت

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چکیده

سابقه و هدف: ایدز علاوه بر اینکه در عملکرد طبیعی زندگی مبتلایان اختلال ایجاد می‌کند، بر سلامت روان آنان نیز تأثیر منفی دارد. پژوهش حاضر، با هدف بررسی اثربخشی روان‌درمانی معنوی - مذهبی بر افسردگی، ارضای نیازهای بنیادین روان‌شناختی و رضایت از زندگی در مبتلایان به اچ.آی.وی مثبت صورت گرفته است.

روش کار: این پژوهش از نوع نیمه‌تجربی با طرح پژوهش پیش‌آزمون - پس‌آزمون با گروه گواه است. جامعه‌ی آماری شامل کلیه‌ی مردان مبتلا به اچ.آی.وی مثبت از بین مراجعه‌کنندگان به بیمارستان امام رضا (ع) شهر کرمانشاه است که بر اساس معیارهای ورود به پژوهش و پرسش‌نامه‌های افسردگی بک - قُرم کوتاه (BDI-S)، نیازهای بنیادین روان‌شناختی (BPNQ) و رضایت از زندگی (SWLS)، بیمارانی که دارای بالاترین نمره‌ها بودند، با روش نمونه‌گیری در دسترس انتخاب و به صورت تصادفی به گروه‌های آزمایش و گواه ($n_1=n_2=15$) تقسیم شدند ($n=30$). گروه آزمایش ۸ جلسه مداخله‌ی درمانی ۶۰ دقیقه‌ی طی یک جلسه در هفته دریافت کرد؛ اما گروه گواه مداخله‌ی دریافت نکرد. اطلاعات به‌دست‌آمده با روش‌های آمار توصیفی و تحلیل کوواریانس چندمتغیری (MANCOVA) تحلیل شد. در این پژوهش همه‌ی مسائل اخلاقی رعایت شده است و نویسندگان مقاله هیچ‌گونه تضاد منافی گزارش نکرده‌اند.

یافته‌ها: یافته‌ها نشان داد که تفاوت معنی‌داری بین گروه‌های آزمایش و گواه در کاهش افسردگی؛ ارضای نیازهای بنیادین روان‌شناختی شامل خودمختاری، شایستگی و ارتباط با دیگران ($P<0/05$)؛ و همچنین نمره‌ی کل رضایت از زندگی وجود داشت ($P<0/05$).

نتیجه‌گیری: بر اساس نتایج به‌دست‌آمده، روان‌درمانی معنوی - مذهبی بر شاخص‌های روان‌شناختی مبتلایان به اچ.آی.وی مثبت در پیوند با مراقبت پزشکی استاندارد، اثر سودمندی بر سلامتی و کاهش شدت اختلالات بالینی دارد.

اطلاعات مقاله

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نشر الکترونیکی: ۱ مهر ۱۳۹۷

واژگان کلیدی:

افسردگی
ایدز
رضایت زندگی
روان‌درمانی معنوی - مذهبی
نیازهای بنیادین روان‌شناختی