Examining the Effect of Spiritual Health on Hope and Coping Strategies among Patients with Multiple Sclerosis (Ms)

Mahboobeh Asgari1, Mohadesh Norouzi2, Hamed Radmehr3, Hossein Mohammadi4*

1- Department of Clinical Psychology, Azad University of Marvdasht, Marvdasht, Iran.
2- Department of Clinical Psychology, Kashan University of Medical Sciences, Kashan, Iran.
3- Faculty of Medicine, Shahid Beheshti University of Medical Sciences, Tehran, Iran.
4- Students Research Committee, Center for the Study of Religion and Health, Department and Faculty of Medical School, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

*Correspondence should be addressed to Mr. Hossein Mohammadi; Email: Mohamadi.h@tak.iiums.ac.ir

Abstract

Background and Objective: Spiritual dimension plays an essential role in human health, thus attracting great interest in teaching spirituality. Spiritual health has a positive impact on the health, longevity and recovery from physical illnesses. Given that, the aim of this study was to evaluate the effect of mental health education on hope as well as coping strategies of patients with Multiple Sclerosis.

Method: This study was a clinical trial whose population were members of the ‘community support for MS patients’ in Tehran. After calculating the sample size, sampling was conducted in two stages: first, 100 members of the community in support of the MS patients were selected. Second, 30 of them were randomly assigned to two groups, namely experimental (n = 15) and control (n = 15) groups. Spiritual health group teaching for 8 sessions of 90 minutes was held by a trained clinical psychologist. Privacy as a fundamental principle in the treatment of patients was also considered by keeping the personal information confidential. Data collection tools included Miller Hope Scale (MHS) and Lazarus and Folkman’s Coping Strategies Questionnaire (CSQ). Pre-test and post-test results were analyzed using covariance. In this study, all the ethical issues were considered; moreover, the authors declare no conflict of interest.

Results: The results demonstrated that the teaching made a significant difference between the experimental and control group. After controlling for pre-test scores, a significant difference between the mean scores of hope (p = <.000) and coping strategies (emotion-focused and problem-focused) was found between the groups on post-test (p = <.000).

Conclusion: According to the findings, Spiritual health education can raise hope and foster effective coping strategies (problem-focused) in people who suffer from MS.

Background and Objectives: Multiple sclerosis (MS) is a chronic inflammatory autoimmune disease which demyelinates central nervous system (1). MS is one of the most common neurological diseases affecting 5.2 million people around the world, which can cause problems in almost all areas of life (2,3). People with the experience of MS have high levels of psychological distress in comparison with healthy people (3). However, there are remarkable consistent variables among patients with MS; identifying these protective factors such as hope can play an important role in addressing the related challenges, objectives, neutralizing the adverse impacts of this disease (4). In addition, unpredictability and variability of MS make...
its acceptance and adaptation difficult and in most cases patients’ inefficient use of coping strategies is observed (5). The spiritual health education can increase hope and improve healthy behaviors, affecting coping spiritual strategies.

**Method:** This study was a clinical trial and members of the ‘community support for MS patients’ in Tehran formed its population. After calculating the sample size, sampling was conducted in two stages: first, 100 members of the community were selected. Second, 30 of them were randomly assigned to two groups, namely experimental (n = 15) and control (n = 15) groups. Spiritual health group teaching for 8 sessions of 90 minutes was held by a trained clinical psychologist. The data collection instruments in this study include:

- **A) Miller Hope Scale (MHS):** This questionnaire has 48 questions scored on Likert scale from strongly disagree (score 1) to strongly agree (score 5). Asadi et al conducted a study in Iran, the results confirmed that the validity of this questionnaire was optimal and desirable; besides, the reliability of the Cronbach's alpha was 0.81 (6).

- **B) Coping Strategies Questionnaire (CSQ):** This questionnaire has 66 questions and 8 subscales including: the direct confrontation, refrain or distancing, self-control, seeking social support, responsibility, escape-avoidance, problem solving, planning, and positive reappraisal. The eight subscales are summarized in the form of two subscales, emotion-focused strategies and problem-oriented approach (7). In a review of internal consistency using Cronbach's alpha, the reliability of this questionnaire for a sample of 763 high school students in Tehran was estimated to be 0.80 (8).

**Results:** The data in Table 1 (descriptive data) suggests that spiritual health education leads to fostering the hope of spiritual health and enhancing problem-focused coping and emotion-focused strategies as well as reducing coping strategies. Data obtained using analysis of covariance showed that the adjusted mean scores of the participants in terms of group membership of hope "test-and-control" at posttest had no significant difference (P <0.05). Thus, according to the modified averages, it can be concluded that the null hypothesis is rejected and spiritual health training in the experimental group compared to the control group of patients with MS had a greater impact on hope. The impact of the "practical significance" was 0.35. The results of this study revealed significant differences between the experimental and control groups after the test in varying coping strategies. A significant level was achieved for both scales (0.025). As a result, according to the average of the results, one could say with 95% confidence that emotion-focused and problem-focused components of the experimental group compared to the control group had improved.

**Conclusion:** The aim of this study was to evaluate the effect of spiritual health education on hope and coping strategies among patients with Multiple Sclerosis. The findings of this study showed that spiritual health education can raise hope and foster effective coping strategies (problem-focused) in people who suffer from MS. The findings also suggested that mental health training can bring about multiple functions, such as maintaining self-esteem, a sense of emotional comfort, hope and meaning and purpose in life (9). Various indicators, such as spirituality, prayer, communion with God, finding meaning and hope are related to well-being, life satisfaction, happiness and low psychological turmoil (10-12). Spirituality also with a sense of hope and meaning about what is happening in the lives of people with chronic diseases can have positive effects on their adaptation (13). In fact, spiritual health education with an emphasis on self-awareness, relationship with God, altruism, forgiveness and hope, and gratitude can increase problem-focused coping strategies, making them both effective and useful.

**References**


