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The effectiveness of Spiritual Therapy from Depression to Culture-Based in Iranian Women in Germany

Bafandegan Mojaver V

Islamic Azad University Nyshabour, PHD student in Psychology- Department of clinical psychology, Iran

ABSTRACT

Based on the lack of scientific evidence in the psychotherapy of depression in refugees, a controlled, prospective study is reported in which the effectiveness of a spiritual therapeutic group intervention is compared to a waiting control condition. A total of 20 people with a current depressive disorder were randomly assigned to either an experimental group (N = 10) or a waiting condition (N = 10). Before we worked, we had the ad in social networks and Persian churches in Frankfurt. For data collection through questionnaires and tests, a minimum of 2 hours was provided for each patient in the 8 weeks. We use Beck Depression Inventory (BDI). The effects were statistically and clinically significant on all parameters. Significant improvements were seen in 10 patients undergoing spiritual therapy (F = 0.405, α = 5 %). "The effectiveness of spiritual therapy from depression to culture-based in Iranian women in Germany" is a well-received, highly efficient group therapy. Waiting is inefficient and even problematic for this group.

***Corresponding author**

Bafandegan Mojaver V, Islamic Azad University Nyshabour, PHD student in Psychology- Department of clinical psychology, Iran, Email: vahid_bafandegan@yahoo.com

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Introduction

The empirical literature increasingly contains indications of a positive relationship between spirituality and mental health. People with higher spirituality or religiosity have better well-being, less depression and anxiety, and cope better with critical life events [1-5]. After a long period of critical examination of religion in the psychiatric and psychotherapeutic context. Freud, Schätzing, well-known representatives of the subject such as Prof. Daniel Hell, former medical director of the Psychiatric University Clinic in Zurich, have now expressed themselves positively about religiosity.

WHO) World Health Organization (also speaks the fourth dimension, the spiritual dimension, in human development and in the human relationship [6]. Spirituality focuses on a belief or a transcendent relationship. Mattis JS and Parchament KI and Mahoney A explained that religiosity is also a belief that indicates the acceptance of individuals in private worship activities [7,8].

Spirituality describes the deep and intimate relationships between man and God. Several studies show that spiritual beliefs are negatively related to depression [7]. Worthington Jr, EL, Hook JN, Davis DE & McDaniel MA showed in a metta analysis of 64 spiritual interventions with religious people (please note that all participants are religious-political refugees (that these Treatment is more effective than other treatments for religious people [9]. The researcher tries to offer a culturally sensitive therapy to give new insights into the integration of the individual into a new culture. So the relaxation technique helps to adapt to the new situation. Some researchers believe that spirituality as a defense mechanism plays a large role in mental health problems caused by cultural problems. Dass-Brailsford P, therefore spirituality is used as a healing factor in recovery from problems [10]. Boyd-Franklin, makeset did a research on cultural-religious in American society and he emphasized the role of spirituality as a defense mechanism he racism. Some time ago cultural clinical psychology focused on the fact that cultural factors are related to mental disorders and their treatment. New cultural factors (language, religion, history, race) in any society affect both a cause and a consequence of a myofunctional disorder and it increases the possibility that the treatment is also culture-related. Here, too, innovative developments in culture-based diagnostics serve the goal of detecting faster, more sensitive and specific pathogens. Hence it is important that psychologists focus on the culture. This is important in accepting that the bio-psycho-social model has replaced the bio-psycho-social-spiritual model. Depression is a common disorder that affects all functions of the individual. The depression rate in Iran is 25 percent and population there are twice as many women as men [11]. Instead, some psychologists social values like Karen Horney believe that spirituality is specific to women. Studies show that depression doubles as high How the normal population leads to suicide [12]. The purpose of the research is the spiritual therapy of depression in Iranian women. Thus, the self-acceptance of self-knowledge and self-development can be promoted Migration rates to Germany are among the top 10 [13].

In the following, researcher would like to present two factors that play an essential role in working with Iranian migrants:
In Iran, the new form of government has been a religious dictatorship since 1980. A characteristic feature of this regime is

to exploit the religion and beliefs of the people, especially those with a lower level of education, in order to justify the human rights violations of the fundamental state. The spiritual leader is called the "representative of God". "The exercise of political power in Iran is practically entirely linked to religion. It made people disappointed, this disappointment with Islam is looking for different ways out: e.g. conversion to Christianity. In recent years there have been an increasing number of Iranians converting to Christianity in Europe. Various free-church congregations have been active in Germany for a long time, which either consist entirely of Iranians or in which at least the services are held in Armenian (for Iranian Armenians) and in Persian. These communities are predominantly in larger cities, e.g. Frankfurt, Cologne, Hamburg, Heidelberg and Essen, active. In other cities (e.g. Hagen, Bielefeld, Stuttgart) at least the sermon is given in Persian. In this context, one can essentially distinguish between two differently motivated groups:
- Confident believers who were disappointed in Islam and thus in contact with Christianity came.
- Rejected asylum seekers who, in converting to Christianity, have the chance to stay or migrate further, e.g. to see the USA. In order to be able to estimate the size better, one has to consider that there are between 3 and 5 people per application. Approx. 95% of the applicants have converted to Christianity [14].

Methods

All patients received eight group sessions, spread over 8 weeks with 90 minutes of therapy once a week: The control group drew and painted freely and without methodological interventions, while methodological and therapeutic interventions were used in the experimental group.

For data collection through questionnaires and tests, a minimum of 2 hours per patient was provided in the 8 weeks. The tests and questionnaires were subjected to a descriptive and differential statistical analysis for evaluation. Before we worked, we would have the ad in social network and Persian all the churches in Frankfurt.

Beck-Depressions-Inventar (BDI):

It contains 21 items that test compressed, e.g. sad mood, pessimism, failure, dissatisfaction, feelings of guilt, crying, irritability, social withdrawal, inability to make up your mind, insomnia, loss of appetite. The BDI indicates through various random sample examinations has a satisfactory reliability, and it also has a stable validity with other clinical studies [15]. Farzadi L, & Ghasemzadeh, have the BDI for over 125 students in Iran with Cronbach's α 0.87 translated [16].

Meetings

Session contents and treatment strategies of spiritual therapy (according to Rezaei, M., Seyedfatemi, N., & Hosseini, F) [17]:
Session 1, Administrative Affairs, Psychoeducation on Treatment
Session 2, Explanation of Depression Disorder.
Session 3, Self Acceptance, Self Awareness, Self Development
Session 4, think guilty and feel guilty
Session 5, 5 session to boost your confidence (no judgment)
Session 6, the way away as a spiritual metaphor of transformation
Session 7, relaxation and demarcation. 7 session to break free from an emotional reaction Session 8, Spiritual Experiences in all other parts of life (All sessions were relaxation techniques, exercises, and homework).

Ethical guidelines for culturally and spiritually sensitive psychotherapy

Psychotherapists

- Familiarize themselves with the various spiritual and religious traditions of their clients.
- Respect spirituality as an important cultural area and note that this area is related to other cultural factors (ethnic origin, Age, gender, sexual orientation).
- Are aware of their own values and their worldview and observe that these can influence their reactions to clients with different values and worldviews.
- Refrain from imposing their own worldview on their clients.
- Strive for competence in dealing with clients with different spiritual backgrounds.
  To do this, they attend advanced training courses and supervision groups [18].

Results

Table 1 shows the descriptive statistics for the before and after depression test in the two groups.
The mean value of the experimental group in the pre-test is 13.20 and standard deviations 4.50 and the mean value of the control group is in the pre-test 12.90 and standard deviations 3.70. There was no significant difference between the two groups in the pre-test.

But the mean of the experimental group is 5.60 in the post-test and standard deviations 3.95 and the mean of the control group is 12.40 in the post-test and standard deviations 3.30. There was significant difference between the two groups in the post-test. So the Levene test was not significantly at $p < 0.05$ ($F = 0.335$ and $P = 0.571$). It means 2 groups are equal in the post-test and homogeneity of the regression slopes was also not significant in $P < 0.01$, so we could do ANCOVA.

Table 1: Means and standard deviations

	PRETEST		POSTTEST	
	M	SD	M	SD
EXPERIMENTALGRUPPE	13.20	4.50	5.60	3.95
CONTROL GROUP	12.90	3.70	12.40	3.30

Table 2 clearly shows that random variables from pre-test to dependent variables from post-test do not relate ($F = 0.405$, $\alpha =$ 5 ٪ the results are statistically significant).

In other words, we can say that Spiritual Therapy for Depression (61 ٪) has been effective and Group Therapy for Depression is significant ($F = 70{,}254$).

Table 2: The statistical results of group therapy for depression in 2 groups

	Sum of Squares Eta	df	MS	F	Sig	P
Pretest	1.901	1	1.901	0.405	0.533	0.57
Dep	0.778	1	329.778	254	0.00	0.61
Group	329			70		
Ererr	79.799	17				

To discuss

Overall, the results showed that the effectiveness of spiritual therapy for cultural based in Iranian women had a significant impact on depression symptoms. The aim of the present work was to develop a model of spirituality therapy for depression. Most clients first reported negative experiences, but at the end of the day. In meetings, God was accepted as a friend. Treatments are influenced by culture, religion and basic social values. This treatment model agrees with Padmanabhan's research in refugees that spiritual therapy is effective on emotional distress [19].

A steadily growing number of empirical studies show beneficial effects of religiosity and spirituality on mental health. People with a higher religious commitment have better arching, less depression and anxiety, and cope better with critical life events) [20].

Baetz MIL, Larson DVB, Marcoux G, Bowen R & Grif Fin R, from the University of Canada studied psychiatric hospitalized patients [21]. Approx. 2/3 of the patients believed in a God who rewards or punishes, 27% attended church services at least once a week and 35% prayed daily. Baetz found that weekly church attendance was associated with less severe depressive symptoms, shorter residence times and greater life satisfaction. Intrinsic religiosity and positive religious coping again had a positive influence. In a longitudinal study, 114 older, psychiatric hospitalized patients with severe depression were observed for 6 months [22]. Among other things, positive religious coping was measured. This included a partnership relationship with God, the search for God's love and care and the stopping of worrying thoughts out of faith.

Balk DE & Corr C A believe that spirituality is a dynamic process that involves a sense of hope and meaning in human relationships [23].

The researcher believes that the most important factor in the effectiveness of spiritual therapy is attachment to God. Love is an important factor in social adjustment. God as the source of attachment makes you feel safe. Active coping behavior, the patient tries to function in everyday life despite his pain and to cope with everyday life. For example, by converting pain into positive impressions and by searching for distraction and reducing demands [24].

For appropriate psychotherapeutic care for migrants, psychologists need specific knowledge about how to deal with patients from other cultures. The guidelines describe the content, the learning objectives and the structure for training courses in culturally sensitive psychotherapy. The content includes, for example, background information on culture, migration and acculturation as well as topics such as discrimination in the country of arrival, language barriers and the use of interpreters. Of course, religious and spiritual beliefs can lead to fanaticism and extremism as well as being an important resource in managing mental disorders. In addition to their seductive aspects, they have a healing potential that would not be unprofessional to use. Everyone goes through existential crises and has to answer questions of meaning, both religious and secular can be answered. A culturally sensitive psychotherapy requires basic knowledge of current religions and world views and requires reflection and the ability to speak about one's own sense of purpose [25].

Statistical analysis, this treatment was effective for depression. But the study was on specific trait (age (19-50), gender (women), nationality (Iranian woman), languages (Farsi)) and We shouldn't generalize to all. Research should therefore be interpreted with caution. And let's not forget that spiritual therapy comes first in the field of psychotherapy [26,27].

Finally, it can be said that the cause of effectiveness was accepted unconditionally, without judgment and in the presence of God.

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