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Application of Spiritual Intervention Protocol in Women with Breast Cancer: A Brief Report[1]

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Previous studies have revealed that many professionals are willing to use spiritual interventions in clinical settings; however, they have access to no standard guide for their implementation, evaluation, and upgrading. This study aimed to determine the role of the Spiritual Intervention Package (SIP) in altering the expression of serotonin and dopamine gene receptors, the serum levels of interleukin 10-interferon gamma and the necrosis factor of the alpha tumor, and blood cortisol levels, promoting general health, decreasing distress and sexual problems, and reinforcing empathy, marital satisfaction, and posttraumatic growth. To this end, this multi-axial research consisting of 10 independent studies (16-60 persons per group) was conducted and examined the effectiveness of SIP in a variety of clinical settings among women with breast cancer stages 1-3, who were visited at Shohadaye Tajrish Hospital during 2012-2017. The participants were selected using the purposive and voluntary sampling methods. The levels of IL4 and IFNγ, the percentage of T-CD, and 8 T-CD cells were assessed by flow cytometer. Moreover, general health, somatization, anxiety, social dysfunction, and depression; spiritual health, sexual problems, marital satisfaction, and posttraumatic growth were evaluated using standard questionnaires. The research showed the acceptable results for the implementation of SIP for concerned purposes. The effect size evaluation– a technique to compare the impacts of the SIP regardless of the sample size, and the squared ETA (R2) assessment showed that, on average, more than 70% of the observed changes in these studies were due to the application of spirituality intervention. The effect size for biological, psychological, and social measures revealed that SIP significantly improved the biological, psychological, and social status of patients with breast cancer.
Keywords: Spiritual, Psychotherapy, Intervention

Background

Man as a being influenced by culture has a religious and spiritual element. According to West (West, 2004), for years, religion and spirituality have provided a collection of words and frameworks, which enabled humanity perceive the meaning of life. Spirituality is an eternal attempt to find the meaning and purpose of life and

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understand the value of life, the vastness of the universe, natural forces, and personal belief systems in-depth. Most spirituality items deal with the meaning or purpose of life (Albers, Echteld, de Vet, Onwuteaka-Philipsen, et al., 2010); hence, if one seeks these values in merely mental peace (Murata, Morita, 2006), one has acquired a non-divine spirituality (Fitchett, Brady, et al., 2002). On the other hand, if one seeks them in relation with a divine being (Peterman, Fitchett, Brady, et al., 2002), one has sought divine spirituality.

Apart from all these discussions, studies have revealed the effectiveness of spirituality in health status (McCord, Gilchrist, Grossman, et al., 2004), and growing literature describes its significance in oncology and survivorship (Peteet, Balboni, 2013). According to Jakovljević (Jakovljević, 2017), religious and spiritual well-being is a critical component of general mental health. Extensive research evidence suggests a positive relationship between religion and spirituality with health (Koenig, McCullough, Larson, 2001) as spirituality is a critical factor affecting individuals' lives (Hay & Hunt, 2000). Although it is acknowledged that religion can have adverse effects, confidence is growing in the benefits of spiritual beliefs and practices to both physical and mental health (Plante, 2007). Current studies on neuroscience explicitly show that practicing spiritual methods changes brain function (Cook, Powell, Sims, 2009), and that there is a close correlation between religious and spiritual practice with positive changes in some stress-related hormonal systems. An emerging field known as neuro-theology explores the relationship between spirituality and spiritual experiences with neurological processes (Giordano, Engebretson, 2006). Studies have indicated that spirituality is effective in reducing depression (Smith, McCullough, Poll, 2003; James, Wells, 2003), promoting mental health (James, & Wells, 2003; Wachholtz, Pearce, Koenig, 2007), improving the human body's response to psychological stress (Koenig, 2013), reaching better treatment outcomes (Cook et al. 2009), and reducing anxiety, stress, and depression (Peteet, 2012; Baqutayan, 2012). On the other hand, patients consistently prefer to consider spirituality issues in their care (Ellis, Vinsor, Ewigman, 1999; Daaleman, Nease, 1994; Ehman, Ott, Short, Ciampa, Hansen-Flaschen, 1999).

Although many findings have confirmed the impact of spirituality, most psychologists have received little education or training on how to attend to the religious and spiritual domains in clinical practice ethically and effectively (Hage, Hopson, Siegel, et al. 2006; Schafer, Handal, Brawer& Ubinger., 2011). In 2011, only a quarter of psychology training programs provided just one course on religion/spirituality (Schafer et al., 2011), while the American Association of Medical Colleges (1999) recommend that spirituality and cultural beliefs be considered in the cure of patients in a variety of clinical contacts.

Throughout the last five years, we have been focusing on spiritual intervention. We have spared our efforts to reach the universal concept of this intervention regarding our cultural resources. Moreover, we examined the effect of this intervention on different factors ranging from psychological variables to gene expression and confirmed the effect of the spiritual intervention on these variables. During the research procedure, patients were evaluated qualitatively, and the collected data provided a framework to be used as a standard in spiritual interventions. We believe

that spirituality is a way to reach a high level of alertness, move towards an absolute human, or understand God's wisdom to be united with Him or the creation. Some spiritual experiences occur randomly and independently; hence, they are forgotten in time. Some others have more profound and long-lasting effects on individuals experiencing them. Sadness, disappointment, and desire to die are crises generated by the lack of meaning, value, and goal. If one can reduce disappointment and helplessness and boost hope and value by maintaining and reinforcing a sense of value, he/she would reach an outstanding achievement towards clients' mental health (Vaziri, Lotfi Kashani, Akbari, 2018).

Methods

This research was a multi-axial study encompassing 10 independent studies to evaluate the effectiveness of the SIP in a variety of clinical settings. More specifically, the study addressed the effectiveness of group spiritual intervention in women with breast cancer stages 1-3 in altering the expression of serotonin and dopamine gene receptors, the serum levels of interleukin 10-interferon gamma and the necrosis factor of the alpha tumor, and blood cortisol levels, promoting general health, decreasing distress and sexual problems, and reinforcing empathy, marital satisfaction, and posttraumatic growth.

The study population included women with breast cancer stages 1-3, who visited the Shohadaye Tajrish Hospital during 2010-2017. For each independent study, 16 to 60 persons were recruited from the concerned population using the purposive and voluntary sampling methods. Inclusion criteria were suffering from breast cancer stages 1-3, undergoing surgery, chemotherapy, and radiotherapy alone or in combination, being 20-65 years old, having reading and writing skills, and submitting the consent form to participate in the research. The participants were explained that they could leave the research at any phase if they wished. According to their medical records, exclusion criteria were breast cancer stage 4, unwillingness to participate in the study for any reason, history of taking psychoactive drugs during the last three months, acute and chronic mental illnesses such as mental retardation, mood disorder, schizophrenia, delusional disorders, and PTSD. After forming each group, the patients were randomly assigned into the experimental and control groups. The experimental group underwent 12 regular sessions of group spiritual intervention. The control group received no intervention at this stage.

To analyze genes examination data, after determining the Cycle threshold for each sample, the LinReg software was used by examining the fluorescence read through the device for each sample. Reference gene and target gene for Ct were measured in both the experimental and control groups. In normal cases, to eliminate the environmental effects and the frequency of the Ct test, the target gene is reduced for each sample of the reference gene, using the Relative Expression Software Tool Rest 2009 program.

Furthermore, 5cc of the patients' blood was obtained in two stages before and after the spiritual intervention program to evaluate the serum cytokines in patients. After isolating the experimental and control group’s peripheral blood mononuclear cells, they were cultivated in the laboratory. The levels of IL4 and IFNγ produced by the

cells were measured by the ELISA method, and the percentage of T-CD and 8 T-CD cells were assessed by flow cytometer.

To measure cortisol levels, five blood samples supplemented with heparin were taken from the brachial vein in both groups at 8 am before and after training. The blood samples were kept in the blood-containing container at ambient temperature for 1 hour. Then they were transferred to the corresponding laboratory for analysis by CoolDB.

The subjects' general health was assessed by the General Health Questionnaire-28 (GHQ-28), which is an instrument measuring current mental health (Goldberg, Blackwell, 1970; Goldenberg, Williams, 1988). The original GHQ-28 consists of 60 questions, and some versions have been shortened to 12-28 questions. The scale helps to measure somatization, anxiety, social dysfunction, and depression, representing overall mental health at a specific point in time. GHQ-28 has been used in different cultures, and its reliability and validity have been approved (Noorbala, Mohammad, Bagheri Yazdi, Yasamy, 2001).

Paloutzian and Ellison Spiritual Well-being Scale (Paloutzian, Ellison, Peplau, Perlman, 1982) was used to examine spiritual health. The 20-item scale initially has two subscales: Religious Well-Being (RWB) that examines one's relationship with the Christian God, and Existential Well-Being (EWB) that explores his/her connection to others well as general satisfaction and meaning in life. The reliability and validity of SWBS are confirmed (Genia, 2001; Lalajants, 2018; Fernander, Wilson, Staton, & Leukefeld, 2004).

To measure the distress, Azeri's scale of subjective units of distress was used. It is a Self-assessment scale with six items measuring distress on a scoring scale ranging from zero (completely false) to 4 (entirely correct). In a group of 207 cancer patients, the reliability coefficients of this scale were reported to be 0.86 using Cronbach's alpha coefficient and 0.91 in the follow-up study after two weeks. The correlation of the scale scores with GHQ-28 and Kessler Psychological Distress (K10) scales indicates the validity of this scale (Lotfi Kashani, Vaziri, Akbari, Mousavi, et al. 2014).

Female Sexual Function Index (FSFI) was used to examine the participants' sexual problems. FSFI, a 19-item questionnaire, is developed as a brief, multidimensional self-report instrument assessing the critical dimensions of sexual function in women and provides scores on six domains of sexual function (namely desire, arousal, lubrication, orgasm, satisfaction, and pain) and a total score. FSFI was validated on clinically diagnosed samples of women (Rosen, Brown, Heiman, Leiblum, et al., 2000). The Persian version of FSFI is reliable and valid in assessing female sexual function and can be used as a screening tool (Mohammadi, Heidari, & Faqihzadeh, 2008).

We used the ENRICH Marital Satisfaction Inventory (EMI) developed by Olson, Fournier, and Druckman (Olson, D. H., Fournier, & Druckman, 1983). It comprises 125-items and 14 domains, and its short form is standardized in Iran. The Persian version of the EMS questionnaire showed acceptable reliability and validity (Soleimanian, 1994; Rasooli, 2001). This version consists of 47 items in nine scales, including personality issues, marital communication, conflict resolution, financial

management, pleasure activities, sexual activities, marriage and children, family, friends, and religious orientation.

The Posttraumatic Growth Questionnaire (Tedeschi, Calhoun, 1996) was used to measure posttraumatic growth. It assesses positive outcomes reported by individuals who have experienced traumatic events. This 21-item scale includes five factors: new possibilities, relating to others, personal strength, spiritual change, and appreciation of life. The scale can be used in determining how successful individuals -coping with the aftermath of trauma- are in reconstructing or strengthening their perceptions of self, others, and the meaning of events (Cann, Calhoun, Tedeschi, et al. 2010).

Spiritual intervention's Process

Spiritual intervention courses were developed in 12 sessions for controlled studies. Every session has a specific title and a set of practical measures. Table 1 illustrates the aims and focuses of the sessions as well as the practical procedures. These are described in detail in the guideline of Spiritual intervention (see: Vaziri et al., 2018). In this package, all descriptions, practices, assessment methods, and examples are standardized to provide the same context for clinical trials and studies.

Table 1. The process of therapy in Spiritual intervention sessions

First session: Preparations, welcoming the group, describing therapy, setting rules in the group, asking about background and recalling challenges (listening to spiritual stories and experiences of the patients), conclusion, a short introduction to the topic of the next session, assigning homework
Second session: Preparations, status assessment of the group, introduction to the second session, introspection, introspection practice, conclusion, assigning homework, reminding participants about the next session time
Second to fifth session: Preparations, status assessment of the group, a review of the previous session, reflection on homework, introduction to the current session, reflection on homework, practice, assigning homework, reminding participants about the next session time
Fifth to twelfth session: Preparations, opening prayers, status assessment of the group, a review of previous session, reflection on homework, introduction to the current session. Practice, conclusion, assigning homework, reminding participants about the next session time, closing prayer

The findings were analyzed with SPSS software version 21 using the obtained scores and assumptions.

Results

The present study was to investigate the impact of the spiritual intervention on the improvement of biological (namely gene expression, cortisol, and cellular immune response), psychological (namely general health, distress, sexual problems, psychological well-being), social (namely empathy, marital satisfaction) and spiritual (namely spiritual well-being, posttraumatic development) dimensions in women with breast cancer. Each research was conducted independently. The descriptive results of the concerned variables are presented in Table 2.

Table 2. Descriptive components of variable size in experimental and control groups

subjects			Experimental group		Control group	
		test	M	Sd	M	Sd
Effectiveness of group spiritual intervention on serum levels of Cytokine interferon-gamma and tumour necrosis factor-alpha among patients (women) with breast cancer (49)	IL- 10	pre	10.02	.937	9.82	1.16
		pos	7.24	.518	10.24	1.47
		fol	6.69	.542	10.43	1.15
	IFN	pre	9.15	.758	10.09	1.16
		pos	7.40	.658	10.20	.964
		fol	6.98	.458	10.26	.871
	TNF	pre	10.30	1.03	10.56	.741
		pos	8.08	.964	11.05	.720
		fol	7.38	.95	10.97	.495
	Hs-CRP	pre	2187.62	269.55	1928.88	107.3
		pos	1656.50	132.92	1989.38	92.65
		fol	1591.50	132.66	1948.38	59.43
Effectiveness of spiritual therapy on reducing cortisol levels (50)	Cortisol	pre	400.29	161.52	462.41	95.65
		pos	298.76	111.58	471.06	83.83
		fol	282.82	100.19	464.47	93.18
Effect of spiritual intervention on general health (49)	General health	pre	56.75	4.65	58.37	4.84
		pos	35.87	7.30	57.75	4.74
		fol	30.87	4.99	51.87	8.87
Effect of spiritual intervention on the spiritual health (50)	Spiritual Health	pre	83.75	6.78	86	8.29
		pos	100	4.93	86.29	7.82
		fol	101	3.58	83.71	7.18
Effectiveness of spiritual intervention on reducing distress (50; 53)	distress	pre	81.11	1.26	18.22	1.30
		pos	15.22	.972	18.22	.83
		fol	14.22	1.09	18.33	.86
Effect of spiritual intervention on reducing women's sexual problems (50)	Sexual Problem	pre	28.30	1.70	27.22	2.99
		pos	24.70	2.21	27.22	2.68
		fol	23.70	2.58	17.11	1.36
The effect of spiritual therapy on the women's marital satisfaction (50)	Marital status…	pre	133	10.29	138	10.1
		pos	15.87	11.86	141.5	15.4
		fol	162	9.36	135.88	8.62
Effect of spiritual therapy on women's posttraumatic growth(50)	post Traumatic Growth	pre	60.22	9.95	54.33	7.09
		pos	74.33	6.57	55.00	7.05
		fol	75.55	5	56.55	6.26
Effectiveness of group spiritual interference in women with breast cancer stages 1-3 in changing Serotonin gene receptors Expression Mohammad Esmaeil Akbari, Leili Hosseini, Farah Lotfi Kashani, Majid Pournour, Hesam Hejazi, Ghasem Ahangari, Elaheh Nooshinfar, Mohsen Kabiri (52)	Comparative results regarding variations in serotonin gene receptors expression in the breast cancer and healthy groups using Real-time PCR; Comparative results regarding variations in serotonin gene receptors expression (5HTR2A & 5HTR3A) in patients and healthy individuals indicate that there are 5HTR2A and 5HTR3A genes in patients with breast cancer, and that there is a significant increase in the expression of these receptors in peripheral blood cells compared to the samples from the healthy subjects. Comparative results regarding variations in serotonin gene receptors expression in the breast cancer group under interference and the healthy group by Real-time PCR; The comparison of results showed that the decrease in the 5HTR2a serotonin receptor expression compared to healthy subjects was not significant. Moreover, the 5HTR3a serotonin receptor gene changed significantly because of an increase in expression compared to that gene in healthy subjects.					
Effectiveness of group spiritual	Comparison of dopamine receptor expression (DRD1-5) in					

interference in women with breast cancer stages 1-3 in changing dopamine gene receptors expression Mohammad Esmaeil Akbari, Leili Hosseini, Farah Lotfi Kashani, Majid Pournour, Hesam Hejazi, Ghasem Ahangari (51)	subjects with spiritual interference and control group revealed a significant decrease in dopamine receptor genes (DRD1-5) expression compared to pre-treatment phase and even in the control group. Comparative results show variations in dopamine receptor expression in the breast cancer and healthy groups using Real-time PCR. Following the Real Time-PCR analysis of peripheral blood samples of the treated, the findings indicated a significant decrease in the expression level of dopamine receptor gene (DRD1-5) in with the healthy group compared to the healthy subjects.

Table 3 summarizes the statistical comparative results for the study groups. Research examining the impact of on spiritual intervention showed that applying the spiritual intervention package, which had been set up in the research for this purpose, provided an acceptable result. In this regard, the significance of the F-value observed in all studies does not necessarily mean the importance of the factor. When the sample size (N) is large, and the mean square error is small, the analysis of variance can represent a significant F. However, the mean difference may be so slight that its value is low in terms of practice.

Table 3. Summary of covariance analysis of the size of the variable investigated in the experimental and control groups

The Effectiveness of Group Spiritual intervention on:		SS	MS	F	Sig.	Eta
Serum Cytokines Levels	IL- 10	38.618	38.618	59.177	.001	.82
	IFN	16.439	16.439	39.72	.001	.754
	TNF	30.324	30.324	89.29	.001	.873
	Hs-CRP	353280	353280	25.91	.001	.666
level of ketoisole	cortisol	151070.2	151070.17	35.73	.001	.535
the general health of women	general health	517.58	517.58	45.135	.001	.776
the spiritual health of women	spiritual Health	815.51	815.51	31.93	.001	.752
reducing women's distress	distress	39.70	39.70	51.36	.001	.774
reducing women's sexual problems	sexual Problem	51.47	51.47	21.32	.001	.571
Womens empathy	empathy	21.63	21.63	10.87	.006	.455
Women's marital satisfaction of	marital satisfaction	1276.6	1276.61	9.542	.009	.423
Posttraumatic growth (PTG)	PTG	1159.9	1159.95	66.03	.001	.671

The effect size is used to compare the impact of the application, regardless of the sample size, and the squared ETA (R2) reported in all studies is the ratio of the variance created due to the application to the total variance. This value provides a brief estimate of the effect size. In this study, R2 varies between zero and one and depends on its relationship with the size of the application. It implies that the impact of the application can explain a few percent of the total variance. In this study, as noticed, the ETA study indicates that, on average, above 70% of the observed variations were due to the application of the spiritual intervention.

Discussion

The relationship between religion/spirituality (RS) and mental health has induced, generally positive associations. However, it is a complex and often emotion-laden field of study. There has been much research and discussion about potential mechanisms, by which RS may have an impact on individuals' mental health, suggesting clinical implications and applications along with cautions and concerns (Cann et al. 2010). Research indicates that religious/spiritual concerns may be a significant source of distress for some clients (Post et al., 2009). Reviewing 26 studies published during 2006-2016 showed that spiritual care plays a critical role in the treatment of critically-ill patients and families. It is effective in health (McCord et al. 2004; Koenig, 2001), changing brain function (Cook et al. 2009), it reduces anxiety, stress, and depression, & Miller 2007; Koenig, 2013; Peteet & Balboni, 2013; Baqutayan, 2012; Rippentrop et al. 2006), This would help understanding to better treatment outcomes (Cook et al. 2009). Our research also showed that the spiritual intervention program based on Iranian culture and religion could be helpful in different problems.

The techniques in this spiritual intervention are centered on four interwoven unified aspects, including establishing acceptable relationship, creating hope and therapy expectancy, raising awareness, and regulating behavior. The applications of our proposed method is as follows: recalling challenge, question technique, awakening responsibility, moral conversion, pragmatism, and home works. This would help patients be inclined towards spirituality -a born again relationship with it- preserving and even promoting it in life, having a better understanding of spirituality and its sources, and developing a supportive environment with patients.

1. Recalling challenge: Spiritual intervention does not seek to teach or learn a strange language. According to what mentioned, since human is not an empty dish, without capacity, impoverished, incapable and helpless, he seeks to reveal his talents and knowledge to make peace with himself, know himself, reinvent and promote his spiritual relationship, and share experiences. Accordingly, spiritual intervention techniques are challenges to recall and exercises to strengthen and stabilize the recalled. Insight is not acquired by learning different branches of science however, it is the outcome of surmounting obstacles and removing covers. Individuals form ideas by thinking about what they have already known, and wisdom is the uppermost force or talent to find a way into abstract ideas. Spiritual intervention is based on the idea that insight is the outcome of engineering humans' knowledge about his behavior. Accordingly, all the measures adopted in this regard are the revival and recalling challenges. Spiritual intervention is like a journey whose motive is acquired via individuals' challenges. It is worth entwining that gaining intuitive perceptions is a kind of internal cognition resulted from direct connection with humans' divine nature. In this regard, spiritual intervention sessions are a classic example of extracting pure honey from the hive.

2. Questioning: Questioning is a unique technique for remembering and inducing insight. questioning can open closed minds and is a. Therapists, in this kind of therapy, have to be trained to ask questions exploring meanings, reasons, and evidence, facilitating elaboration, keeping discussions far from confusion, and creating motivation to listen to what others have to share, thereby discovering useful

similarities and differences, highlighting the contradictions and discrepancies, and deducing implicit implications and consequences. While encouraging participants, this technique provides opportunities to falsify individuals' knowledge, plans, and actions. Questions can be intuitive, unpremeditated, explorative, and goal-oriented. Some example questions are as follows: What do you mean by...? What are you trying to say? What is the main point you are to say? What does it have to do with...? Can you put it in other words? Can you give me an example? Is it always like this? What else do I need to know? Are these reasons enough? How did you draw this conclusion? What made you believe in this issue? What are you trying to say by mentioning this point? When you say ..., do you mean...? Does this essentially happen, or is it just likely to happen? What other options are there? How can we know that? How can we resolve this issue? Why is this important? To answer this question, what other questions should we answer first?

It should be stressed again that these questions do not imply that the trainers provide answers. The reason is that questioning is a method of discussion, and therapists create he recalling challenge by questioning. The objectives of the question technique can be explained by awakening responsibility, moral conversion, and pragmatism.

Although humans are impatient, ungrateful, he can achieve anything; thus, he is wise. As stated earlier, one among the many descriptions for humans is that in addition to all his abilities, humans are responsible for their behavior and are held accountable for this responsibility. The responsibility is fulfilled when there is a mission. In other words, human must be able to claim responsibility knowingly and choose to either fulfill it or evade it. The sense of responsibility is an inner commitment to fulfill one's tasks optimally; therefore, it stems from within, indicating that one accepts to carry out a set of activities. Accordingly, when one claims the responsibility of a task, he enters an agreement to fulfill a series of actions or observe others doing so. The full acceptance of responsibility, with warding off evasion and justification, makes a person accountable; thus, he realizes that from the God's viewpoint, he is responsible for rules and social, moral regulations; however, he is also held responsible for his rights as a human.

Moral conversion: Morality is a set of principles and values regulating human behavior. It is variable and notable and begins with cognitions. Morality relies on addressing thoughts, stimulating consciousness, and. Morality and practice are interdependent and have direct effects on one another. Spiritual intervention is not aimed at teaching morality rather at moral conversion. Throughout the course, the participants must understand that they will reach perfection by moral conversion; otherwise, they would feel hopeless and disappointed.

The course is based on pragmatic and experience-driven properties with an emphasis on personal experiences. In this course, participants can explore their intellectual treasure and forgotten learnings thanks to the opportunities provided. Since they find themselves engaged in the learning and remembering process, they are not likely to resist, and they will actively learn, teach and discover their lost or unknown potentials. When the patients learn that their thoughts and feelings are just negligent "thoughts" and "feelings" rather than absolute truths of life, they need learn how to live at the moment and establish a more appropriate relationship with their spiritual

experiences. Accordingly, clients must be assisted to cherish their ignored values, determine the necessary steps to foster these values, and take relevant actions.

After each session, a set of homework was assigned to the patients, normally to provide background for the experiences upcoming in the following session. Patients are asked to review the homework and even to provide written responses for stimulating questions to present them in the following session. Homework is a task or assignment that the therapist gives the group with regard to the circumstances to raise further awareness in the group members. Increasing awareness of the goals and lifestyle and preparing the patient for moral conversion are major components of SIP. The therapist raises awareness in members through by hypotheses about the purposes of life and lifestyle. For example, the therapist encourages members to think more deeply about their behavior developing hypotheses as follows: "Is it possible for human to ... in this regard?" or "I believe human ... What do you think?" Patients are expected to reflect on these questions after each session and provide written feedback. During every session, therapists allocate time for patients to write their responses to the provocative questions. The homework assigned in SIP sessions allows patients to examine their thoughts and behaviors in real life and learn more about them.

The key subjects in all these techniques are understanding the value of life, overcoming hopelessness, encouraging self-scrutiny, and helping clients choose new lifestyles. A lifestyle that can answer the following fundamental question: How should we live so that life is worth living? Spiritual intervention is rich with techniques and methods to improve the patients' understanding of life; however, it is of great difficulty to come up with a single prescription for all humans. Accordingly, patients must be exposed to these methods to gain their personal experience of these activities and pursue them whole-heartedly. This guideline does not explicitly mention concepts as zikr, patience, and reliance because the patient has to discover, experience, and pursue them on their own. Spiritual intervention is based on laying the groundwork for the appreciation of life. Understanding and accepting such appreciation is not possible without spirituality.

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