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The Effect of a Spirituality Therapy Training Program on Quality of Life and Spiritual Intelligence among Students with Visual Impairments

Sedigheh Gohari[1], Susan Jabbari[2*], Mahboobeh Alborzi[3]

Abstract

Objective: This study aimed to examine the effect of spiritual intervention on quality of life and spiritual intelligence among students with visual impairments.

Method: A semi-experimental, pre-test, and post-test design was conducted on 32 visually impaired students of Shoorideh Shirazi School for the Blind in 2019-2020 through convenience and purposive sampling. 12 sessions of the spiritual intervention were presented to the experimental group for two months as two sessions per week, while the control group received only the same daily school educational program offered to the experimental group. Using the Quality of Life Questionnaire (1992) and the King Spiritual Intelligence Scale (2008), the level of the individual's quality of life and spiritual intelligence before and after the intervention was evaluated. After the posttest, SPSS software was used to analyze data; mean and standard deviation were used in the descriptive statistics section, and univariate analysis of covariance in the inferential statistics section.

Results: In total, 32 students participated in the study. There was a significant difference between visually impaired students' levels of quality of life ($F=4.833$, $p>0.05$) and the level of spiritual intelligence ($F=178.943$, $p>0.05$) in the experimental and control groups.

Conclusion: After the spiritual intervention, the level of students' quality of life and level of spiritual intelligence increased significantly. Based on the results, it can be concluded that spiritual intervention can help enhance the quality of life and spiritual intelligence among students with visual impairments.

Keywords: Spiritual intervention, Quality of life ،Spiritual intelligence, Visual impairment, Well-being.

Introduction

Among the five human senses, the sense of sight is considered one of the most important senses. Loss of vision at any age may be associated with primary and secondary complications. Wide-ranging consequences of visual impairments affect individuals' physical and mental health, which include: The individual's lack of independence and need for help with daily tasks, personal affairs, and other aspects of daily life; social isolation; failure to participate in social and religious activities; having difficulties in reading; lack of interest in activities: restlessness; incidence of cognitive lesions; functional status damage; decreased performance; increased dependence on others; having a lower level of hope for the future; wishing to die, and increased risk of vehicle accidents, falls, and fractures (Askari, Shafaroudi, Kamali, & Khalafbeygi, 2011).

Blindness and low vision affect various aspects of an individual's normal life so that in most cases, the quality of life of the blind is greatly reduced and their

1- Master's Degree in Psychology and Education of Exceptional Children, Faculty of Psychology and Educational Sciences, Shiraz University, Iran
2- Assistant Professor of Psychology and Education of Exceptional Children, Faculty of Psychology and Educational Sciences, Shiraz University, Iran
3-Associate Professor of Educational Psychology, Faculty of Psychology and Educational Sciences, Shiraz University, Iran
*Corresponding Author: Susan Jabbari, Email: jabbarisousan@gmail.com

daily activities, physical activities, walking, and becoming present among people are also affected (Fallah, Sharifi Ardani, & Mozaffari, 2018).

Quality of life is a term that has become a priority in recent years, especially in the field of threatening diseases. The importance of quality of life for human beings is because nowadays, it is opposite to quantity and is defined according to the broad dimensions of health, by which they mean the years of life that are accompanied by health, satisfaction, happiness, and pleasure (Zamani, Bahrainian, Ashrafi, & Moqtaderi, 2015). According to definitions, quality of life is closely related to physical and mental status, personal beliefs, the level of self-reliance, social relationships, and the environment (Zahmatkeshan et al., 2012). Nowadays, evaluating and improving the quality of life among individuals with disabilities is considered as a goal in rehabilitation programs (Bullinger & Hasford, 1991). This is a topic that we need in particular to intervene with blind people (Lotfi Kashani, Mofid, & SarafrazMehr, 2013). Quality of life is determined based on an individual's perception and understanding of their life status about their cultural factors, goals, beliefs, and convictions. Quality of life is influenced by factors that value life, contribute to positive experiences, and have different meanings for different people. The quality of an individual's life is based on their personal opinion and is determined by the person (Siam, Heydarnia, & Tavafian, 2012).

Spirituality is one of the human capabilities that provides them with ways to deal with problems as well as problem-solving strategies, that as a source of social support, generates a sense of significance in their hearts against confusion and disasters, and that gives people a sense of indirect control over events, thus leading ultimately to reduced isolation and loneliness in individuals (Kamari & Fooladchang, 2016). Spiritual intervention, as an effective treatment method, has attracted attention in recent years. Religion and spirituality provide a set, through which humans can understand the meaning and concept of their lives (West, 2009). This is why spirituality is a strong predictor of hope and mental health (Davis, 2005) and an important source for physical health and disease improvement (Lotfi Kashani et al., 2013). Spiritual intelligence may be a cognitive-motivational matter and a set of adaptive skills while introducing resources that facilitate problem-solving and goal achievement (D. A. Sisk & Torrance, 2001; Wolman, 2001). Individuals use spiritual intelligence when they want to use their spiritual capacities and resources to make important existential and problem-solving decisions (Zohar, 2012). Spiritual intelligence influences the meanings that people give to their experiences as well as their way of understanding issues and matters and generates a simultaneous sense of awareness and meaning in life (D. A. Sisk & Torrance, 2001). This is why the deliberate application of spiritual intelligence in life enhances one's relationship with oneself, others, and the bigger world (D. Sisk, 2002), which in turn increases adaptive behaviors based on human well-being (Ahqar, 2013). Studies have been conducted on the increase in spirituality among people, which shows that promoting spirituality can help improve people's lives. Benor (2002) has stated that spirituality can be promoted in individuals without chemical and mechanical interventions (Benor, 2002). Spirituality as a cognitive-motivational concept expresses a set of adaptive resources and skills that facilitate the process of problem-solving and goal achievement, and spiritual intelligence is the adaptive implementation and application of these factors in special situations and daily life. In other words, spiritual intelligence encompasses a kind of adjustment and problem-solving behavior that contains the highest levels of development in various areas such as the cognitive, moral, emotional, and interpersonal areas, and that helps an individual harmonize with the phenomena around them and achieve inner and outer integrity. This kind of intelligence gives the person an overview of the life and all experiences and events and enables them to

frame and reinterpret their experiences and deepen their knowledge and understanding (Movahhedi, Zandvanian, & Zareei Mahmoodabadi, 2016).

Nowadays, people around the world pay more and more attention to spirituality and spiritual issues. Therefore, a scientific study of spirituality is one of the most important and common topics in physical and mental health. Religious beliefs affect all aspects of human life. Studies indicate a positive relationship between spirituality and physical and mental health (Hosseindokht, Fathi, & Taqizadeh, 2013). Numerous studies, like Harlod (2012), Konopack and McAuley(2012) Kezdy et al. (2012), Ajdarifard, Qazi, and Nooranipur (2010), Okulicz-Kozaryn (2009) McGregor (2008), Desrosiers and Miller (2007), have shown that spiritual intervention can improve quality of life, spiritual intelligence, and academic performance. Chen, Hu, Wu, and Lin (2018) conducted a study in the form of a systematic review to investigate the effect of spiritual care on quality of life and spiritual well-being among patients suffering from incurable diseases (Chen, Lin, Yan, Wu, & Hu, 2018).

The results of most studies showed that spiritual care had a beneficial effect on the quality of life and spiritual well-being of patients with incurable diseases. Therefore, we recommend that healthcare professionals combine spiritual care with routine palliative care.

Given that previous studies have shown that spiritual therapy training can improve quality of life and spiritual intelligence, it seems that the spiritual therapy intervention affects the quality of life and spiritual intelligence in visually impaired students, thus helping improve their quality of life. In addition, considering that few studies have investigated the effect of spirituality therapy on quality of life and spiritual intelligence in visually impaired students, the present study seeks to investigate the effectiveness of spirituality therapy in quality of life and spiritual intelligence in visually impaired students.

Method

Participants and Procedure

The present study is a semi-experimental, pre-test, and post-test study. The statistical population included visually impaired students (aged 9 to 15 years), who were studying at Shoorideh Shirazi School for the Blind in the academic year 2019-2020. The research sample consisted of 32 visually impaired students, who were randomly selected from Shoorideh Shirazi School for the Blind, and who were randomly divided into two groups: experimental (16 subjects) and control (16 subjects).

Table 1- The demographic characteristics of the sample

Variable	Frequency		Percent	
	Control group	Experimental group	Control group	Experimental group
Gender				
Female	6	5	37.5	31.3
Male	10	11	62.5	68.8
Age				
9 years of age	3	0	18.8	0.0
10 years of age	7	1	43.8	6.3
11 years of age	3	8	18.8	50.0
12 years of age	3	2	18.8	12.5
13 years of age	0	3	0.0	18.8
14 years of age	0	1	0.0	6.3
15 years of age	0	1	0.0	6.3

Measures

The research used two questionnaires; namely the quality of life, and spiritual intelligence scale, to collect research data, with a five-scale Likert, its reliability calculated as >0.7.

The present study was approved by the Ethics Committee of Shoorideh Shirazi School for the Blind, Iran. Before data collection, the researcher obtained oral and written informed consent to ensure anonymity, privacy, and confidentiality and emphasized their voluntary enrollment.

Descriptive findings of the study

In this section, the mean and standard deviation of the experimental and control groups before and after the intervention are shown.

hypothesis has been answered in this section using statistical methods; namely, analyses of covariance.

The first hypothesis: Does the spiritual intervention have a significant effect on quality of life in visually impaired students?

To investigate this hypothesis, the level of quality of life scores in the control and experimental groups was analyzed in the form of a pretest and posttest using a univariate analysis of covariance. It is worth mentioning that before performing the analysis of covariance, its assumptions were examined. The results of a test for homogeneity of regression slopes (F=11.061, p>0.05) and the results of the Kolmogorov-Smirnov test for assessing the assumption of normality of distribution (F=3.45, p>0.05) along with the results of Levene's test for assessing the assumption of homogeneity of variance (F=0.764, p>0.05) for the total quality of life score showed that the significance levels in these tests were higher than 0.05. Hence, the use of the univariate analysis of covariance is permissible, and it can be performed.

Table 2- The mean and standard deviation of the experimental and control groups before and after the intervention

		Stage			
		Pretest		Posttest	
Variable	Group	Mean	Standard deviation	Mean	Standard deviation
Overall score of quality of life	Experimental	94.37	4.51	98.75	4.21
	Control	97.50	5.22	96.93	4.95
Overall score of spiritual intelligence	Experimental	70.25	4.59	93.12	4.16
	Control	59.43	8.76	59.62	8.71

As can be seen in the table above, there are differences between the means of the experimental and control groups in the pretest and posttest stages. To test this difference to find out whether the changes brought about were statistically significant, we used an analysis of covariance.

Table 3- The results of the univariate ANCOVA for the comparison of the total quality of life scores in the control and experimental groups

Source of changes	Sum of squares	Degrees of freedom	Mean squares	F-statistic	Significance level	Eta coefficient
Pretest	350.683	1	350.683	58.698	0.000	0.92
Group	28.875	1	28.875	4.833	0.006	0.91
Error	173.255	29	5.974			
Total	306,899	32				

After describing the variables and responses obtained from the statistical population, the research

The results of the analysis of covariance

(ANCOVA)

To examine the effect of spiritual intervention on the quality of life in visually impaired students, a univariate ANCOVA was used. The results of the ANCOVA of the pretest and posttest scores related to the first question of this research are reported as follows:

As the results of the table above show, considering the pretest scores of quality of life as a covariance (auxiliary) variable, the difference between visually impaired students' levels of quality of life in the experimental and control groups is significant (F=4.833, p>0.05). In other words, it can be said that the difference between the scores in the two groups of visually impaired students is indicative of the fact that spiritual intervention has an impact on the quality of life in visually impaired students and that the impact degree is 0.91.

The second hypothesis: Does the spiritual intervention have a significant effect on spiritual intelligence in visually impaired students?

To investigate this question hypothesis, the level of spiritual intelligence scores in the control and experimental groups was analyzed in the form of a pretest and posttest using a univariate analysis of covariance. It is worth mentioning that before performing the analysis of covariance, its assumptions were examined. The results of a test for homogeneity of regression slopes (F=13.159, p>0.05) and the results of the Kolmogorov-Smirnov test for assessing the assumption of normality of distribution (F=4.35, p>0.05) along with the results of Levene's test for assessing the assumption of homogeneity of variance (F=0.929, p>0.05) for collaboration showed that the significance levels in these tests were higher than 0.05. Hence, the use of the univariate analysis of covariance is permissible, and it can be performed.

The results of the analysis of covariance (ANCOVA)

To examine the effect of the spiritual intervention on spiritual intelligence in visually impaired students, a univariate ANCOVA was used. The results of the ANCOVA of the pretest and posttest scores related to the second question of this research are reported as follows:

Table 4- The results of the univariate ANCOVA for the comparison of the spiritual intelligence scores in the control and experimental groups

Source of changes	Sum of squares	Degrees of freedom	Mean squares	F-statistic	Significance level	Eta coefficient
Pretest	903.641	1	903.641	52.849	0.000	0.94
Group	3059.680	1	3059.680	178.943	0.000	0.91
Error	495.859	29	17.099			
Total	197,038	32				

As the results of the table above show, considering the pretest scores of spiritual intelligence as a covariance (auxiliary) variable, the difference between visually impaired students' levels of spiritual intelligence in the experimental and control groups is significant (F=178.943, p>0.05). In other words, it can be said that the difference between the scores in the two groups of visually impaired students is indicative of the fact that the spiritual intervention has an impact on spiritual intelligence in visually impaired students and that the impact degree is 0.91.

Discussion and conclusion

To examine the effect of spiritual intervention on the quality of life in visually impaired students, a univariate ANCOVA was used. The results showed that the students who received the spiritual intervention showed greater improvement in quality of life than the group who did not receive the spiritual intervention. These results are consistent with

results obtained from studies by Barzegar Befrooei and Pakseresht (2014), Ajdarifard and Nooranipur (2010), Zemestani and Hamid (2013), Hoseini et al. (2010), Konopack and McAuley (2012), Wilfred Lau et al. (2014), Counted et al. (2018), and Giovanoli et al. (2019) (Ajdarifard, Qazi, & Nooranipur, 2010; Barzegar Befrooei & Pakseresht, 2014; Counted, Possamai, & Meade, 2018; Giovagnoli, Paterlini, Meneses, & da Silva, 2019; Hosseini, Elias, Krauss, & Aishah, 2010; Konopack & McAuley, 2012; Lau, Hui, Lam, Lau, & Cheung, 2015; Zemestani & Hamid, 2013).

It is worth mentioning that most of the above-mentioned findings have examined the effectiveness of spiritual therapy in mental health and physical health. To justify these findings, it can be said that mental health and physical health are among the dimensions of quality of life and that improvement in each of these dimensions has a positive effect on other dimensions.

Religious and spiritual beliefs and convictions are usually used by medical and psychiatric patients to cope with disease and other stressful changes in life. A large volume of studies shows that people with spirituality and religion enjoy a higher level of mental health and adapt to health problems faster than people, who are less spiritual and religious, and that these benefits affect mental health, well-being, physiological conditions, physical health, risk of disease, and even response to interventions (Koenig, 2012).

Therefore, most studies conducted on the types of health problems in the 21st century recognize both religion and spirituality as playing an important role in maintaining health and well-being (Nita, 2019). For instance, according to some studies, religious patients followed better follow-up care, had lower levels of anxiety, and had fewer health concerns (Nita, 2019).

Visual impairments in childhood have far-reaching effects on the affected child's quality of life as the child has to struggle with the disorder for a greater period of his or her life. The effect of visual impairments on quality of life included a significant reduction in performance in the physical, psychological, social, and environmental areas, and the greatest reduction in quality of life occurred in the environmental area, indicating that visual impairments had a significant effect on performance capacity and ability to travel in the environment (Amedo, Adade, Koomson, & Osae, 2016). Spirituality leads to greater psychological adjustment through providing supportive resources for individuals as well as indirectly through affecting hope. According to researchers, religion and spirituality are among the important sources of adjustment for individuals to face stressful life events, and spiritual health is one of the important aspects of health, which can affect quality of life (Mohammad Karimi & Shariatnia, 2017).

Eka Dewi et al. showed that the higher a person's level of spirituality was, the higher would be their quality of life and resilience in the face of life's problems. Despite differences between these studies in the definition of spirituality, quality of life, and positive psychological outcomes, the results generally support the belief that spirituality is the predictor and leader of positive psychological outcomes. As can be inferred from the results of the studies, spirituality therapy is effective in quality of life and improves it. The results of these studies are consistent with those of the present study (Dewi & Hamzah, 2019).

To examine the effect of the spiritual intervention on spiritual intelligence in visually impaired students, a univariate ANCOVA was used. The results showed that the students who received the spiritual intervention showed greater improvement in spiritual intelligence than the group who did not receive the spiritual intervention. These results are consistent with the results of studies by Nita (2019), Harlod (2012), Mar'ashi et al. (2012), Gerayloo (2016), Movahhedi et al. (2016), and Goodarzi et al. (2019) (Gerayloo, 2016; Goodarzi, Riahi, Hasanvand, Ebrahimzadeh, & Mas'oodi, 2019; Koenig, 2012;

Marashi, Naami, Beshlideh, Zargar, & Ghobari Bonab, 2012; Movahhedi et al., 2016; Nita, 2019). In addition, as for the effect of spiritual intelligence training on changes in spiritual intelligence, it is important to first mention that many experts have commented on methods for enhancing spiritual intelligence. For instance, Vaughan (2002, cited by Goodarzi et al. 2019) states that spiritual intelligence can be reinforced independently and be developed through search, question, and practice (Goodarzi et al., 2019).

In addition, the results of a study by Mar'ashi et al. (2012) have shown that spiritual intelligence training can enhance spiritual intelligence (Marashi et al., 2012).

Blind students seem to enjoy a high level of spiritual intelligence, but due to the lack of necessary social skills and shortcomings they have because of their physical conditions in comparison with their peers, as well as due to excessive or insufficient support from their parents and school officials, they do not utilize this ability appropriately (Semnanian & Khodabakhshi, 2017).

Spiritual therapy training has raised students' transcendent awareness of themselves, others, and the world and challenged students' minds to have purpose and meaning in life, which has led them to think with greater awareness about the depth of their behavior in everyday life, thus having led to enhanced spiritual intelligence in them.

Kim-Prieto and Miller (2018) conducted a study entitled "Processes that Explain the relationship between Religion and mental well-being." They introduced the mechanisms for the success of religion, which will be described below (Kim-Prieto & Miller, 2018). Lewis and Cruise (2006, cited by Kim Prieto and Miller, 2018) argue that by definition, religion provides existential certainty, which is meaning in life (Kim-Prieto & Miller, 2018). They also argue that meaning in life provides mechanisms for social support (emphasis on the social consequences of religious conflict). In addition, religion as a stronghold copes with distress by providing various methods of coping; be it through social services or religious belief. Each of the influential variables is discussed below.

a) Meaning in life: Religion, by definition, provides an explanation for the world, its logic, and life (existence in it). Additionally, most religions offer a purpose or criterion, based on which existence and life are evaluated. Religions have meaning and purpose for their followers through these rules. For instance, French and Joseph (1999, cited by Kim Prieto and Miller, 2018) found out that having meaning in life mediates the link between religiosity and happiness. Other researchers have obtained similar results as well (Kim-Prieto & Miller, 2018).

b) Coping strategies: Not all coping strategies, religious or non-religious, are effective and helpful. Similarly, not all religious coping strategies provide convenience. Nonetheless, positive religious coping strategies provide access to higher levels of well-being similar to what other positive coping strategies do. For instance, Mickley, Pargament, Brant, and Hipp (1998, cited by Kim Prieto and Miller, 2018) found that religious appraisals that were carried out in the form of positive versus negative (death as a punishment from God versus death as a benevolent act from God) predicted the meaning of life, anxiety, depression, and spiritual well-being in hospice caregivers (Kim-Prieto & Miller, 2018).

c) Social support: Studies have shown that strong, close social relationships may be one of the most important predictors of mental well-being. As for many religious traditions, regular attendance at religious ceremonies or membership in a large congregation is one of the components of adherence to religion. When individuals' private practices and beliefs, such as prayer, the importance of religion, and church attendance were examined, church attendance was found to be the best predictor of mental well-being. The participants received more support and rated their social relationships as being more desirable than those of individuals who did not like to attend religious

services frequently (Kim-Prieto & Miller, 2018).

d) Introspection: As for an understanding of inner peace and inner strength in times of trouble, it has become apparent that having inner strength reduces the effect of negative experiences. To perceive the said result, we can refer to the construct of self-efficacy, which is defined as confidence in producing given levels of performance and attaining what we wish (Villani, Sorgente, Iannello, & Antonietti, 2019). Studies have also shown that individuals with high self-efficacy experience higher levels of mental well-being than those with low self-efficacy (Villani et al., 2019). Nowadays, people are looking for a clearer understanding of how religion and spirituality can help them understand life experiences. The re-emergence of spiritual attraction and faith, a clearer search for faith, its application in daily life, its manifestation in magazines, books, and mass media, and in brief, the spread of religion everywhere necessitate therapists becoming aware of and sensitive to patients' religious issues. On the other hand, the results of studies on the relationship between faith and healthy physical, emotional, and social functioning necessitate a reassessment of the role of religion and mental health. Hence, nowadays, not only are not patients' religious and spiritual beliefs considered ineffective and illogical but they are considered powerful resources for recovery and treatment. Besides, in many cases, patients' problems are mixed with religious issues, and they cannot be completely treated without spiritual intervention (Azizi Abarquei, 2010).

The spiritual intervention can also increase the patients' hope and trust and direct them toward the view that social support is their right and that the kindness toward them (due to rewards they receive and the opportunity that is provided for them) is well deserved)Davari, Boogar, Talepasand and Evazi, 2018). As can be inferred from the results of the said studies, their results are consistent with the present study. According to the results of the present study, it can be said with certainty that the growth of students' spiritual intelligence has been due to the effects of the spiritual intervention, which has improved students' spiritual intelligence by enhancing their awareness and producing personal meaning. Considering the limited number of samples, it is suggested that further studies be performed on this subject with more samples that are more varied and also by comparing the effects of the spiritual intervention in two separate sexes and other demographic information. According to these results, due to the strong presence of spiritual/religious culture in Iran's society, it is suggested that experts and authorities should pay more attention to the spiritual category, especially in schools.

Table 1- The demographic characteristics of the sample

Variable	Frequency		Percent	
	Control group	Experimental group	Control group	Experimental group
Gender				
Female	6	5	37.5	31.3
Male	10	11	62.5	68.8
Age				
9 years of age	3	0	18.8	0.0
10 years of age	7	1	43.8	6.3
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12 years of age	3	2	18.8	12.5
13 years of age	0	3	0.0	18.8
14 years of age	0	1	0.0	6.3
15 years of age	0	1	0.0	6.3

Table 2- the syllabus of the spirituality therapy training sessions

Sessions	Objective	Syllabus
Before the program starts	Filling out the quality of life questionnaire and the spiritual intelligence scale	- Giving complete information about the method of conducting the study as well as its objectives, and ensuring the confidentiality of information, distribution of the questionnaire, and completion of the questionnaire
Session 1	The researcher's acquaintance with the group members	- Communicating with the students and getting to know them - Providing an overview of the research plan to the students and defining the group rules
Session 2	Spirituality and spirituality therapy	- Spirituality can be a framework for decision making; a framework, through which we can give meaning to all our problems, anxieties, fears, and needs and look at the problem through that approach.
Session 3	Self-awareness	- Talking and thinking about self-awareness skills as a factor affecting our behaviors towards achieving success - The importance of recognizing our strengths and positive qualities as well as acquiring self-awareness skills as a source of constructive behaviors
Session 4	Meaning in life	- Knowing the meaning in life, spiritual learning and belief, and the role of positive thoughts in life - Ways to find meaning in life through love, work and activity, religion, and having a purpose in life
Session 5	Self-esteem & spiritual growth	Expressing the need for true self-esteem through our deep, comprehensive knowledge of ourselves, the environment, and others, and the fact that the greater our knowledge, the more positive effects it will have on our true self-esteem.
Session 6	Release of feelings and emotions	- Discussion on the nature of emotions and teaching how to control emotions and identify our positive and negative emotions
Session 7	Feelings of guilt and their underlying factors	The unconditionality of God's love for His creatures, His awareness of all our mistakes and errors, and His forgiveness of them
Session 8	Forgiveness	Forgiveness is a moral virtue, which is done when facing others' mistakes.
Session 9	Empowering ourselves to solve problems	Empowerment enables people to utilize their capabilities, capacities, and talents. It also makes it easier to do tasks.
Session 10	Expansion of spiritual experiences individually and in the group, as well as expressing them in the group	- Receiving superior spiritual experiences at an obscurer level through appropriate spiritual practices - Strengthening a correct spiritual mental image of oneself as the main basis for personality and behavior
Session 11	Summarizing the content of the previous sessions	- Reassessment of oneself - Awareness that the root of true happiness and joy lies within us.
Session 12	The closing session (conductıon the posttest)	Filling out the quality of life questionnaire and the spiritual intelligence scale

Acknowledgement

The researcher appreciates all the students who took part in this study and took the trouble to answer the questionnaire of the study. This article is extracted from the Master Thesis of **Sedigheh Gohari**, which was approved by Shiraz University.

Appendix

Table 3- The mean and standard deviation of the experimental and control groups before and after the intervention

		Stage			
		Pretest		Posttest	
Variable	Group	Mean	Standard deviation	Mean	Standard deviation
Overall score of quality of life	Experimental	94.37	4.51	98.75	4.21
	Control	97.50	5.22	96.93	4.95
Overall score of spiritual intelligence	Experimental	70.25	4.59	93.12	4.16
	Control	59.43	8.76	59.62	8.71

Table 4- The results of the univariate ANCOVA for the comparison of the total quality of life scores in the control and experimental groups

Source of changes	Sum of squares	Degrees of freedom	Mean squares	F-statistic	Significance level	Eta coefficient
Pretest	350.683	1	350.683	58.698	0.000	0.92
Group	28.875	1	28.875	4.833	0.006	0.91
Error	173.255	29	5.974			
Total	306,899	32				

Table 5- The results of the univariate ANCOVA for the comparison of the spiritual intelligence scores in the control and experimental groups

Source of changes	Sum of squares	Degrees of freedom	Mean squares	F-statistic	Significance level	Eta coefficient
Pretest	903.641	1	903.641	52.849	0.000	0.94
Group	3059.680	1	3059.680	178.943	0.000	0.91
Error	495.859	29	17.099			
Total	197,038	32				

References

Ahqar, Q. (2013). The effectiveness of group spiritual education in changing students' attitudes toward narcotics. . *Thought & Behavior, 8*(30), 77-86.

Ajdarifard, S., Qazi, Q., & Nooranipur, R. (2010). A study of the effect of teaching mysticism and spirituality on students' mental health. *Quarterly of New Thought in Educational Sciences, 5*(2), 105-127.

Amedo, A. O., Adade, S., Koomson, N. Y., & Osae, E. A. (2016). Influence of visual impairment on the quality of life: a survey of patients reporting at the low vision centre of the eastern regional hospital of Ghana. *Journal of ophthalmic science, 1*(3), 01.

Anderson, C., Laubscher, S., & Burns, R. (1996). Validation of the Short Form 36 (SF-36) health survey questionnaire among stroke patients. *Stroke, 27*(10), 1812-1816.

Askari, S., Shafaroudi, N., Kamali, M., & Khalafbeygi, M. (2011). Environment and blindness: The experiences of adults with acquired blindness in performing the activities of daily living.

Azizi Abarquei, M. (2010). *The effectiveness of*

spirituality therapy in students' hope and quality of life. Master's thesis University of Isfahan, Isfahan.

Barzegar Befrooei, K., & Pakseresht, F. (2014). The effectiveness of spirituality therapy training from the perspective of Islam on psychological well-being and academic performance in female students. *Scientific-Promotional Quarterly of Ethics, 4*(16), 123-147.

Benor, D. (2002). Handbook of complementary and alternative therapies in mental health. International Journal of Healing and Caring- online, Medford, New Jersey, 4(6). 249-278. . *Medford, New Jersey, 4*(6), 249-278.

Bullinger, M., & Hasford, J. (1991). Evaluating quality-of-life measures for clinical trials in Germany. *Controlled clinical trials, 12*(4), S91-S105.

Chen, J., Lin, Y., Yan, J., Wu, Y., & Hu, R. (2018). The effects of spiritual care on quality of life and spiritual well-being among patients with terminal illness: a systematic review. *Palliative medicine, 32*(7), 1167-1179.

Counted, V., Possamai, A., & Meade, T. (2018). Relational spirituality and quality of life 2007 to 2017: An integrative research review. *Health and quality of life outcomes, 16*(1), 1-18.

Davari, S., Rahimian Boogar, I., Talepasand, S., & Evazi, M. R. (2022). The Effect of Religious-Spiritual Psychotherapy on Illness Perception and Inner Strength among Patients with Breast Cancer in Iran. Journal of religion and health, 61(6), 4302–4319. https://doi.org/10.1007/s10943-022-01594-6

Davis, B. (2005). Mediators of the relationship between hope and well-being in older adults. *Clinical nursing research, 14*(3), 253-272.

DeCicco, D. B. K. T. L., & King Teresa, L. (2009). A viable model and self-report measure of spiritual intelligence. *ranspersonal Studies, 28*, 68-85.

Dewi, D. S. E., & Hamzah, H. B. (2019). *The relationship between spirituality, quality of life, and resilience.* Paper presented at the 6th International Conference on Community Development (ICCD 2019).

Failde, I., & Ramos, I. (2000). Validity and reliability of the SF-36 Health Survey Questionnaire in patients with coronary artery disease. *Journal of clinical epidemiology, 53*(4), 359-365.

Fallah, M. H., Sharifi Ardani, A., & Mozaffari, M. (2018). An explanation of life experiences in blind and partially sighted couples in spousal duties and parenting: a phenomenological approach. *Quarterly of Psychology of Exceptional People, Allameh Tabatabai University, 8*(32), 203-227.

Gerayloo, K. (2016). *The effectiveness of spirituality therapy in modulation of emotional eating, health-related quality of life and spirituality in obese adolescent girls.* (Master's thesis, Islamic Azad University), Shahrood Branch.

Ghobari Bonab, B. (2014). *Consultation and psychotherapy with a spiritual approach*. Tehran, Student Counseling Center, University of Tehran: Aroon Publications

Giovagnoli, A. R., Paterlini, C., Meneses, R. F., & da Silva, A. M. (2019). Spirituality and quality of life in epilepsy and other chronic neurological disorders. *Epilepsy & Behavior, 93*, 94-101.

Goodarzi, F., Riahi, S., Hasanvand, S., Ebrahimzadeh, F., & Mas'oodi, R. (2019). An evaluation of the effectiveness of education and promotion of spiritual intelligence and its components in nurses working in special wards of teaching hospitals. *Clinical Journal of Nursing and Midwifery, 1*(8), 3-27.

Hosseindokht, A., Fathi, A. A., & Taqizadeh, M. E. (2013). The relationship of spiritual intelligence and spiritual well-being with life quality and marital satisfaction.

Hosseini, M., Elias, H., Krauss, S. E., & Aishah, S. (2010). A review study on spiritual intelligence, adolescence and spiritual intelligence, factors that may contribute to individual differences in spiritual intelligence and the related theories. *Journal of social sciences, 6*(3), 429-438.

Kamari, S., & Fooladchang, M. (2016). Effectiveness of spirituality therapy training based on positivity on life expectancy and life satisfaction in adolescents. *Research in Clinical Psychology and Counseling, 6*(1), 5-23.

Kim-Prieto, C., & Miller, L. (2018). Intersection of religion and subjective well-being. *Handbook of well-being. Salt Lake City, UT: DEF Publishers*.

King, D. (2008). Rethinking claims of spiritual intelligence: A definition, model andxmeasure. *Canada: Master's Thesis, Trent University*.

Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *International Scholarly Research Notices, 2012*.

Konopack, J. F., & McAuley, E. (2012). Efficacy-mediated effects of spirituality and physical activity on quality of life: a path analysis. *Health and quality of life outcomes, 10*(1), 1-6.

Lau, W. W., Hui, C. H., Lam, J., Lau, E. Y., & Cheung, S.-F. (2015). The relationship between spirituality and quality of life among university students: An autoregressive cross-lagged panel analysis. *Higher Education, 69*(6), 977-990.

Lotfi Kashani, F., Mofid, B., & SarafrazMehr, S. (2013). Effectiveness of spirituality therapy in decreasing anxiety, depression and distress of women suffering from breast cancer. *Journal of Thought & Behavior in Clinical Psychology, 7*(27), 27-42.

Marashi, S., Naami, A., Beshlideh, K., Zargar, Y., & Ghobari Bonab, B. (2012). The impact of spiritual intelligence training on psychological well-being, existential anxiety, and spiritual quotient among the students of Ahvaz faculty of petroleum. *Journal of Psychological Achievements, 19*(1), 63-80.

Mohammad Karimi, M., & Shariatnia, K. (2017). Effectiveness of spiritual therapy on the life quality of the women with breast cancer in Tehran.

Montazeri, A., Goshtasebi, A., Vahdaninia, M., & Gandek, B. (2005). The Short Form Health Survey (SF-36): translation and validation study of the Iranian version. *Quality of life research, 14*(3), 875-882.

Movahhedi, L., Zandvanian, A., & Zareei Mahmoodabadi, H. (2016). The effect of spiritual intelligence education in improving quality of life in the physically disabled in Meybod County. *Bi-monthly scientific research journal of Yazd School of Health, 15*(5), 109-121.

Nita, M. (2019). 'Spirituality'in health studies: Competing spiritualities and the elevated status of mindfulness. *Journal of religion and health, 58*(5), 1605-1618.

Raghib, M., Siyadat, A., Hakiminia, B., & Ahmedi, J. (2012). Validation of the King Spiritual Intelligence Scale (SISRI-24) in Isfahan University students. *Journal of Psychology Achievements, 17*(1), 141-164.

Semnanian, S., & KHODABAKHSHI, K. A. (2017). The Comparison of the Spiritual Intelligence and Self-Concept of Blinds and Sighted High School Girl Students in Tehran.

Siam, S., Heydarnia, A., & Tavafian, S. S. (2012). An evaluation of quality of life and its related factors in heart patients after heart surgery. *Scientific Journal of Birjand University of Medical Sciences, 19*(6), 33-41.

Sisk, D. (2002). Spiritual intelligence: The tenth intelligence that integrates all other intelligences. *Gifted Education International, 16*(3), 208-213.

Sisk, D. A., & Torrance, E. (2001). Spiritual intelligence: Developing higher consciousness. *New York, NY*.

Villani, D., Sorgente, A., Iannello, P., & Antonietti, A. (2019). The role of spirituality and religiosity in subjective well-being of individuals with different religious status. *Frontiers in Psychology, 10*, 1525.

West, V. (2009). Psychotherapy and Spirituality,(translated by: Shahidi, Sh. and Shirafkan, S.). *Tehran: Roshd publications*.

Wolman, R. (2001). *Thinking with your soul: Spiritual intelligence and why it matters*: Richard N. Wolman, PhD.

Zahmatkeshan, N., Baqerzadeh, R., Akabrian, S., Yazdankhahfard, M. R., Mirzaei, K., Yazdanpanah, S., . . . Jamand, T. (2012). A study of quality of life and related factors in the elderly in Bushehr. *Journal of Fasa University of Medical Sciences, 1*(1), 53-58.

Zamani, S., Bahrainian, S., Ashrafi, S., & Moqtaderi, S. (2015). Effect of spiritual intelligence on quality of life and psychological well being among elderly living at nursing homes in Bandar Abbas. *Iranian Journal of Geriatric Nursing, 1*(4), 82-94.

Zemestani, M., & Hamid, N. (2013). The relationship between spiritual intelligence, personality traits and quality of life in medical students. *Hormozgan Medical Journal, 17*(4), -.

Zohar, D. (2012). *Spiritual intelligence: The ultimate intelligence*: Bloomsbury publishing.