



Journal Website

Article history:

Received 03 June 2024

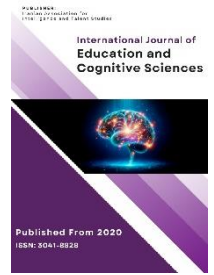
Revised 15 August 2024

Accepted 27 August 2024

Published online 03 September 2024

International Journal of Education and Cognitive Sciences

Volume 5, Issue 2, pp 134-142



E-ISSN: 3041-8828

Comparison of the Effectiveness of Spiritual Therapy and Acceptance and Commitment Therapy (ACT) on Illness-Related Worries

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Article Info

Article type:

Original Research

How to cite this article:

Godarzi A, Ebrahimi Moghadam H, Momenzadeh C. (2024). Comparison of the Effectiveness of Spiritual Therapy and Acceptance and Commitment Therapy (ACT) on Illness-Related Worries. *International Journal of Education and Cognitive Sciences*, 5(2), 134-142.

<https://doi.org/10.61838/kman.ijecs.5.2.15>



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ABSTRACT

Purpose: The primary objective of this study is to compare the effectiveness of Spiritual Therapy and Acceptance and Commitment Therapy (ACT) on illness-related worries in patients with fibromyalgia syndrome.

Methodology: The research method employed is quasi-experimental (pre-test, post-test with a control group). The research tools include spiritual therapy and acceptance and commitment therapy packages, as well as the Illness Worry Questionnaire, which consists of 23 items. The content validity for the entire scale was 0.95. The statistical population included patients diagnosed with fibromyalgia (referred to the clinic in Tehran in 2024). A total of 36 participants were selected through purposive sampling and were randomly assigned to two experimental groups (12 in the Spiritual Therapy group and 12 in the Acceptance and Commitment Therapy group) and one control group (12 participants). For hypothesis testing, analysis of covariance (ANCOVA) was used, and SPSS version 23 software was employed.

Findings: The research findings, based on the pairwise comparison of post-test mean scores of worry, among the ACT group, the Spiritual Therapy group, and the control group, indicate that the significance level for all groups is ($\text{sig} < 0.05$). Therefore, the difference between the mean scores is statistically significant, and the research hypothesis is accepted with 95% confidence.

Conclusion: Given that the effect size ($\eta^2 > 0.36$) is significant, both Acceptance and Commitment Therapy (ACT) and Spiritual Therapy have a strong impact on reducing illness-related worries in patients with fibromyalgia syndrome. Furthermore, Spiritual Therapy is more effective in reducing worries than Acceptance and Commitment Therapy.

Keywords: *Spiritual Therapy, Acceptance and Commitment Therapy (ACT), Worry, Fibromyalgia.*

1. Introduction

Chronic illness, particularly conditions such as fibromyalgia, has profound effects not only on physical health but also on psychological well-being. Fibromyalgia, characterized by widespread musculoskeletal pain, fatigue, and mood disturbances, often leads to significant psychological distress, including heightened anxiety and depression. As patients grapple with the chronic nature of their condition and its symptoms, illness-related worries become a prevalent concern, which necessitates comprehensive management strategies that address both the physical and psychological facets of the illness (Heidari & Tavafian, 2018; Moin et al., 2022).

The intersection of spirituality and mental health has garnered increasing attention in recent years (Godarzi & Khojaste, 2020), particularly in its potential role in alleviating psychological distress in individuals with chronic illnesses. Spiritual well-being, defined as the state of being that encompasses an individual's sense of peace, purpose, and connection to others and the universe, has been shown to play a significant role in enhancing quality of life and reducing anxiety and depression in various populations (Chen et al., 2021; Leung & Pong, 2021; Mahdian et al., 2021). For instance, spiritual well-being has been linked to better mental health outcomes in patients with gynecological cancer, where higher levels of spiritual well-being were associated with lower levels of anxiety and depression (Chen et al., 2021). Similarly, studies have indicated that spiritual well-being can mitigate the psychological burden experienced by patients with chronic illnesses, such as cancer and cardiovascular disease, by fostering a sense of hope and resilience (Heshmati et al., 2021; Røen et al., 2021).

In the context of fibromyalgia, where the psychological burden is substantial, interventions that incorporate spiritual well-being could provide a holistic approach to treatment. The significance of spirituality in managing chronic illness is not merely theoretical but has been demonstrated in various clinical settings. For example, Mansourian et al. (2022) found that group logotherapy, which focuses on finding meaning in life despite suffering, significantly enhanced spirituality and reduced preoperative anxiety in patients undergoing open-heart surgery. These findings underscore the potential of spirituality-based interventions in managing anxiety and other psychological symptoms associated with chronic health conditions (Mansourian et al., 2022).

Moreover, the global COVID-19 pandemic has intensified the focus on mental health, particularly among vulnerable populations such as those with chronic illnesses. The pandemic has exacerbated anxiety and stress levels, further highlighting the need for effective interventions that can address these psychological challenges. Spiritual well-being has been particularly relevant during this time, as it provides individuals with a framework for coping with uncertainty and fear (Azam, 2022; Dehghan, Namjoo, Akbarabadi, et al., 2021; Dehghan, Namjoo, Zarei, et al., 2021). For instance, Dehghan et al. (2021) reported that spiritual health was inversely related to anxiety and stress among patients undergoing hemodialysis during the pandemic, suggesting that spiritual well-being may serve as a buffer against the heightened psychological distress caused by the pandemic (Dehghan, Namjoo, Akbarabadi, et al., 2021).

Given the robust relationship between spirituality and psychological well-being, the present study seeks to compare the effectiveness of two therapeutic interventions—Spiritual Therapy and Acceptance and Commitment Therapy (ACT)—on illness-related worries in patients with fibromyalgia. ACT, a form of cognitive-behavioral therapy that emphasizes acceptance, mindfulness, and commitment to personal values, has been widely used to address chronic pain and associated psychological distress (Enayati Shabkolai et al., 2023). It encourages patients to accept their pain rather than avoid it and to commit to actions that align with their values despite the presence of pain (Santiago & Gall, 2016). In contrast, Spiritual Therapy involves exploring the patient's spiritual beliefs and practices to enhance their sense of purpose and connection, potentially alleviating their psychological distress (Suyani, 2023).

The effectiveness of ACT in managing chronic pain and psychological symptoms is well-documented. For example, Moin et al. (2022) demonstrated that ACT was effective in reducing anxiety in women with breast cancer, a population that shares many psychological challenges with fibromyalgia patients, such as persistent pain and fear of disease progression. Similarly, Koszycki et al. (2010) conducted a pilot randomized trial that highlighted the benefits of a multifaith spiritually-based intervention in reducing anxiety in patients with generalized anxiety disorder, suggesting that integrating spirituality into therapeutic practices can enhance psychological outcomes (Koszycki et al., 2010).

Spiritual Therapy, on the other hand, offers a distinct approach by directly addressing the spiritual dimension of the patient's experience. This approach has shown promise in various clinical contexts. For instance, Faramarzi et al. (2020) found that spiritual well-being was a significant mediator in the relationship between pregnancy stress and health promotion behaviors in pregnant women, indicating that fostering spiritual well-being can lead to better psychological and behavioral outcomes (Faramarzi et al., 2020). Similarly, a study by Akkuş et al. (2021) during the COVID-19 pandemic revealed that spiritual well-being significantly reduced the care burden and anxiety levels among caregivers of cancer patients, further supporting the therapeutic potential of spirituality (Akkuş et al., 2021).

Furthermore, the role of spiritual well-being in mitigating psychological distress is supported by evidence from diverse populations and cultural contexts. For instance, research conducted by Dewi et al. (2022) in Indonesia demonstrated the effectiveness of Qur'anic bibliotherapy in reducing anxiety among pregnant women during the COVID-19 pandemic. This study highlights the culturally specific ways in which spirituality can be harnessed to address mental health concerns, particularly in populations where religious and spiritual practices are deeply embedded in daily life (Dewi et al., 2022).

The interplay between spirituality and mental health is complex and multifaceted, encompassing various dimensions of the human experience, including emotional, cognitive, and behavioral aspects (Ismail, 2023; Sleight et al., 2020). Spiritual bypass, a phenomenon where individuals use spiritual beliefs to avoid dealing with psychological issues, has been identified as a potential moderator in the relationship between religious coping and psychological distress (Ahmad et al., 2023). This highlights the need for careful consideration of how spirituality is integrated into therapeutic practices to ensure that it is used constructively rather than as a means of avoidance.

In light of the evidence supporting the benefits of both ACT and Spiritual Therapy, the present study aims to contribute to the growing body of literature on the effectiveness of spirituality-based interventions in managing illness-related worries. Specifically, this study will compare the impact of Spiritual Therapy and ACT on reducing illness-related worries in patients with fibromyalgia, providing insights into the relative efficacy of these approaches.

2. Methods and Materials

2.1. Study Design and Participants

The research method employed is quasi-experimental, utilizing a pre-test, post-test design with a control group. The independent variables are Spiritual Therapy and Acceptance and Commitment Therapy (ACT), while the dependent variable is illness-related worries. The participants' pre-test scores on the Illness Worry Questionnaire were considered as a control variable. All participants completed a consent form, and ethical considerations, including the protection of participants' rights, were observed throughout the research process. The participants' illness-related worries were assessed initially via a pre-test and subsequently through a post-test after the conclusion of the intervention sessions. The intervention period consisted of 9 sessions for Spiritual Therapy and 8 sessions for Acceptance and Commitment Therapy (ACT), with each session lasting 90 minutes and conducted weekly at a psychological center. The control group also underwent pre-test and post-test assessments but did not receive any of the therapeutic interventions.

In this study, the statistical population included patients diagnosed with fibromyalgia (referred to the clinic in Tehran in 2024). A total of 36 participants were selected through purposive sampling and were randomly assigned to two experimental groups (12 participants in the Spiritual Therapy group and 12 in the Acceptance and Commitment Therapy group) and one control group (12 participants). Inclusion criteria included a confirmed diagnosis of fibromyalgia by a specialist, a minimum education level of a high school diploma, age between 20-60 years, no history of substance abuse or psychoactive drug use in the past year, and providing informed and voluntary consent to participate in the study. Exclusion criteria included receiving another psychological treatment during the intervention period, unwillingness to continue participation, or missing more than one treatment session.

2.2. Measures

2.2.1. Worry

The research utilized the Illness Worry Questionnaire as the measurement tool. This questionnaire comprises 23 items designed to assess the level of illness-related worries across different dimensions (cognitive independence, physical-psychological worries, functional independence, and worry about the future of the illness). The questionnaire

is based on a six-point Likert scale (strongly agree, agree, somewhat agree, somewhat disagree, disagree, strongly disagree), with scores ranging from 1 to 6 for each item. All items are negatively scored; that is, responses range from 1 for "strongly agree" to 6 for "strongly disagree." The mean score of the items constitutes the total questionnaire score, with higher scores indicating fewer illness-related worries. According to a study by Bagheri et al. (2020) on the psychometric properties of the Illness Worry Questionnaire in patients with heart failure, the questionnaire demonstrated high reliability and validity. The content validity index for each item across the entire scale was above 0.95 (Aftab & Shams, 2020).

2.3. Intervention

2.3.1. Spiritual Therapy

The Spiritual Therapy intervention program, developed by Lotfi Kashani and Vaziri (2018), was administered in 9 group sessions, each lasting 90 minutes. The control group participated in similar sessions but only practiced superficial relaxation exercises without any additional cognitive or explanatory elements (Moin et al., 2022). A summary of the Spiritual Therapy sessions is as follows:

Session 1: The first session focuses on the introduction of group members to each other. Participants are informed about the purpose of the group, and the group rules are clearly outlined. This session aims to build rapport among members and establish a safe and respectful environment for discussions and activities.

Session 2: In this session, participants explore the implicit and personal meanings of spirituality. Each member is encouraged to define spirituality from their perspective. The session also involves discussions on the belief in a higher and sacred power, allowing participants to share their thoughts and experiences.

Session 3: This session introduces the concept of self-observation and meditation. Participants learn techniques for self-reflection and are guided through initial meditation practices. The focus is on developing mindfulness and awareness of inner experiences.

Session 4: Participants share their experiences with meditation from the previous session, focusing on their ability to concentrate on a specific subject. The group discusses the effects of meditation, with an emphasis on the physical, emotional, and spiritual impacts observed by the members.

Session 5: The concept of infinity and connection to an eternal force is introduced in this session. Participants discuss their understanding of these concepts and how they relate to their spiritual beliefs. The session encourages a deeper exploration of their connection to something greater than themselves.

Session 6: The focus of this session is on the understanding of forgiveness. Participants explore what forgiveness means to them, both in theory and in practice. Discussions center around the challenges and benefits of forgiveness in their lives.

Session 7: Building on the previous session, this session extends the concept of forgiveness to include the control of anger. Participants are encouraged to apply forgiveness in situations where anger might arise, discussing strategies for managing anger through a spiritual lens.

Session 8: This session involves a review of the experiences related to forgiveness. Participants share their progress and challenges in practicing forgiveness and controlling anger. The group reflects on how these practices have impacted their overall sense of well-being.

Session 9: The final session focuses on gratitude and recognizing the positive changes that have resulted from the spiritual practices. Participants are encouraged to reflect on the meaning of difficult experiences and how spirituality has helped them find meaning and growth through those challenges.

2.3.2. Acceptance and Commitment Therapy (ACT)

This protocol, developed by Wills and Sorrell in 2007, is specifically designed for patients with chronic pain, with all sessions focused on coping with and adapting to this type of pain. In this protocol, participants are encouraged to change their relationship with thoughts and other internal experiences, viewing them as mental events that come and go. They learn to perceive thoughts as merely thoughts, emotions as merely emotions, and memories as merely memories. In areas where experiential avoidance occurs, the processes of acceptance and cognitive defusion help individuals break patterns of avoidance and the rules governing them. The intervention program included 8 sessions, each lasting 90 minutes (Moin et al., 2022). A summary of the Acceptance and Commitment Therapy sessions is as follows:

Session 1: The first session serves as an introduction to the therapy process. The therapist provides an overview of ACT, introduces the participants, and explains the exercises

and practices that will be used throughout the sessions. The goal is to set expectations and prepare participants for the journey ahead.

Session 2: This session explores the options available to participants and sets the stage for treatment. The focus is on behavior change and mindfulness practices. Participants begin to understand the importance of these components in managing chronic pain and improving their quality of life.

Session 3: Participants learn strategies for living with chronic pain. The session emphasizes the acceptance of pain, clarifying personal values, and practicing mindfulness. The goal is to help participants align their actions with their values despite the presence of pain.

Session 4: In this session, participants work on clarifying their values and setting clear, meaningful goals. The focus is on identifying what truly matters to them and how they can pursue these values in their daily lives, even when facing challenges like chronic pain.

Session 5: This session introduces motivation, thoughts, and feelings as central themes. Participants begin to plan and take committed actions that are aligned with their values. The session helps them understand the relationship between their inner experiences and their external behaviors.

Session 6: Participants are encouraged to take action and move forward in their journey. This session focuses on the

willingness to engage in activities that are consistent with their values, despite the discomfort or pain that may accompany these actions.

Session 7: The concept of commitment is reinforced in this session. Participants are guided to deepen their commitment to living a value-driven life. The session helps them sustain their motivation and continue making progress toward their goals.

Session 8: The final session emphasizes the importance of practicing and maintaining the therapeutic gains achieved during the intervention. Participants discuss strategies for incorporating these practices into their daily lives to ensure long-term success and well-being.

2.4. Data Analysis

The research hypothesis was analyzed using analysis of covariance (ANCOVA), with SPSS version 23 software.

3. Findings and Results

Based on the results of [Table 1](#), the skewness and kurtosis values for the pre-test and post-test scores of the research variables are within the acceptable range of -2 to +2. Therefore, the pre-test and post-test scores are statistically normal.

Table 1

Descriptive Statistics of Research Variables

Variable	N	Mean	Standard Deviation	Skewness	Kurtosis
Pre-Test Worry	36	4.2458	.74177	-.007	.010
Post-Test Worry	36	4.1225	.73173	.069	-.221

Based on the results of [Table 2](#), there is a statistically significant difference in the pre-test worry scores between the ACT, Spiritual Therapy, and Control groups ($\text{sig} < 0.05$).

Table 2

Comparison of Pre-Test Worry Scores in the ACT, Spiritual Therapy, and Control Groups

Source	Sum of Squares	df	Mean Square	F	Sig
Corrected Model	14.070	3	4.690	32.137	.000
Intercept	2.185	1	2.185	14.974	.001
Pre-Test Worry	7.320	1	7.320	50.159	.000
Groups	7.943	2	3.972	27.215	.000
Error	4.670	32	.146		
Total	630.560	36			

Based on the results of [Table 3](#), the research hypothesis that "the effectiveness of ACT differs from Spiritual

Therapy in reducing illness-related worries in patients with fibromyalgia syndrome" is confirmed with 95% confidence.

This is based on the comparison of the mean pre-test and post-test worry scores in the ACT group ($t = 3.012$, $\text{sig} < 0.05$) and the Spiritual Therapy group ($t = 7.347$, $\text{sig} < 0.05$).

In the Control group ($t = 1.758$, $\text{sig} > 0.05$), no significant difference is observed between the pre-test and post-test scores.

Table 3

Comparison of Mean Pre-Test and Post-Test Worry Scores in the ACT, Spiritual Therapy, and Control Groups

Parameter	B	Standard Error	t	Sig	95% Confidence Interval	Partial Eta Squared
Intercept	2.010	.390	5.148	.000	1.215	2.806
Pre-Test Worry	.625	.088	7.082	.000	.445	.804
ACT	-.471	.156	3.012	.005	-.790	-.153
Spiritual Therapy	1.150	.156	7.347	.000	-1.468	-.831
Control	.231	.237	1.758	.093	-.908	.0750

Based on the results of [Table 4](#), the pairwise comparison of mean post-test worry scores in the ACT, Spiritual Therapy, and Control groups shows that there is a

statistically significant difference between the groups, as indicated by $\text{sig} < 0.05$ for all comparisons.

Table 4

Pairwise Comparison of Mean Post-Test Worry Scores in the ACT, Spiritual Therapy, and Control Groups

(I) Group	(J) Group	Mean Difference (I-J)	Standard Error	Sig	95% Confidence Interval
ACT	Spiritual Therapy	.678*	.158	.000	.356
	Control	-.471*	.156	.005	-.790
Spiritual Therapy	ACT	-.678*	.158	.000	-1.000
	Control	-1.150*	.156	.000	-1.468
Control	ACT	.471*	.156	.005	.153
	Spiritual Therapy	1.150*	.156	.000	.831

Given that the effect size ($\eta^2 > 0.36$) is significant, it can be concluded that both Acceptance and Commitment Therapy (ACT) and Spiritual Therapy have a strong impact

on reducing illness-related worries in patients with fibromyalgia syndrome. Moreover, Spiritual Therapy has a greater impact on reducing worries compared to ACT.

Table 5

Comparison of the Effect of Therapeutic Intervention on Illness-Related Worries in Fibromyalgia Syndrome

Source	Sum of Squares	df	Mean Square	F	Sig	Partial Eta Squared
Difference	7.943	2	3.972	27.215	.000	.630
Error	4.670	32	.146			

4. Discussion and Conclusion

The present study aimed to compare the effectiveness of Spiritual Therapy and Acceptance and Commitment Therapy (ACT) in reducing illness-related worries among patients with fibromyalgia. The results indicated that both interventions significantly reduced illness-related worries, with Spiritual Therapy showing a slightly greater impact than ACT. These findings underscore the importance of integrating holistic approaches, including spiritual elements, into psychological interventions for chronic illnesses.

The finding that both Spiritual Therapy and ACT were effective in reducing illness-related worries is consistent with previous research. ACT has been widely recognized for its efficacy in managing chronic pain and associated psychological distress by promoting acceptance, mindfulness, and commitment to personal values (Santiago & Gall, 2016). In this study, ACT likely helped patients with fibromyalgia by encouraging them to accept their pain and focus on living a value-driven life despite their chronic condition. This aligns with findings from Moin et al. (2022), who reported that ACT significantly reduced anxiety in women with breast cancer, suggesting its broad applicability

in managing anxiety related to chronic illness (Moin et al., 2022).

However, the slightly greater effectiveness of Spiritual Therapy in this study highlights the unique role that spirituality can play in alleviating psychological distress in patients with chronic conditions. Spiritual Therapy, by fostering a sense of connection, purpose, and meaning, may have provided additional emotional support that is particularly beneficial for individuals grappling with the persistent and often debilitating symptoms of fibromyalgia. This finding is supported by studies such as those by Chen et al. (2021) and Akkuş et al. (2021), which found that spiritual well-being significantly contributes to lower levels of anxiety and depression in patients with gynecological cancer and caregivers of cancer patients, respectively (Akkuş et al., 2021; Chen et al., 2021).

The results of this study also echo the work of Heshmati et al. (2021), who found that spiritual well-being and hope were inversely related to health anxiety severity in patients with advanced coronary artery disease. In the context of fibromyalgia, where patients often experience a sense of hopelessness due to the chronic nature of the disease, Spiritual Therapy might have played a critical role in restoring hope and reducing illness-related worries. Moreover, the findings are consistent with research by Dewi et al. (2022) and Dehghan et al. (2021), which emphasized the importance of spiritual health in mitigating the psychological impact of the COVID-19 pandemic, a time when anxiety levels were particularly high among patients with chronic conditions (Dehghan, Namjoo, Akbarabadi, et al., 2021; Dehghan, Namjoo, Zarei, et al., 2021; Dewi et al., 2022).

The superior effectiveness of Spiritual Therapy in this study may also be related to the cultural and religious context of the participants. Many of the patients may have found a spiritual approach more resonant with their personal beliefs, thus making the therapy more impactful. This notion is supported by the findings of Leung and Pong (2021), who highlighted the positive relationship between spiritual well-being and psychological health among university students in a cross-cultural context (Leung & Pong, 2021). Similarly, the work of Suhailah and Hidayah (2022) suggests that spiritual approaches can be particularly effective in culturally and religiously homogeneous populations where such practices are deeply embedded in daily life (Suhailah & Hidayah, 2022).

Furthermore, the effectiveness of Spiritual Therapy in this study is also consistent with the concept of spiritual

bypass, as explored by Ahmad et al. (2023). Spiritual bypass occurs when individuals use spirituality to avoid dealing with psychological issues. However, in a therapeutic context, when properly managed, spirituality can provide a strong foundation for addressing underlying psychological distress (Ahmad et al., 2023). This could explain why Spiritual Therapy was particularly effective for participants in this study, as it allowed them to engage with their spirituality in a structured and supportive environment.

The reduction in illness-related worries observed in both the Spiritual Therapy and ACT groups also aligns with the broader literature on the role of spirituality and mindfulness in mental health. For instance, Faramarzi et al. (2020) found that spiritual well-being mediated the relationship between pregnancy stress and health-promoting behaviors, suggesting that spiritual health can buffer the effects of stress and anxiety (Faramarzi et al., 2020). Similarly, Koszycki et al. (2010) demonstrated the efficacy of spiritually integrated interventions in reducing anxiety in patients with generalized anxiety disorder, further supporting the results of the present study (Koszycki et al., 2010).

In summary, the results of this study contribute to a growing body of evidence supporting the integration of spiritual and mindfulness-based interventions in the treatment of chronic illness. Both Spiritual Therapy and ACT proved effective in reducing illness-related worries, with Spiritual Therapy showing slightly greater effectiveness. This finding suggests that incorporating spirituality into therapeutic practices may provide additional benefits, particularly for patients who find spiritual practices meaningful and relevant to their lives.

While the results of this study are promising, several limitations must be acknowledged. First, the sample size was relatively small, which may limit the generalizability of the findings. A larger sample size would provide more robust data and potentially reveal more nuanced effects of the interventions. Second, the study was conducted in a specific cultural and religious context, which may influence the effectiveness of Spiritual Therapy. As such, the findings may not be fully applicable to populations with different cultural or religious backgrounds. Third, the study relied on self-reported measures of illness-related worries, which may be subject to response biases, such as social desirability or recall bias. Finally, the study did not include a long-term follow-up, so it is unclear whether the benefits of the interventions were sustained over time.

Future research should address the limitations of the current study by including larger and more diverse samples

to enhance the generalizability of the findings. Studies should also explore the long-term effects of Spiritual Therapy and ACT by incorporating follow-up assessments to determine the durability of the interventions' effects on illness-related worries. Additionally, future research could examine the mechanisms underlying the effectiveness of Spiritual Therapy, such as changes in spiritual beliefs, practices, or levels of spiritual bypass. Exploring these mechanisms could provide valuable insights into how and why Spiritual Therapy works and help refine the intervention for greater effectiveness. Finally, comparative studies that include other therapeutic approaches, such as cognitive-behavioral therapy (CBT) or mindfulness-based stress reduction (MBSR), would provide a broader understanding of where Spiritual Therapy and ACT fit within the spectrum of psychological interventions for chronic illness.

Based on the findings of this study, several practical recommendations can be made for healthcare providers working with patients with chronic illnesses like fibromyalgia. First, integrating spiritual assessments into routine clinical practice could help identify patients who may benefit from Spiritual Therapy. Healthcare providers should be trained to recognize the spiritual needs of patients and refer them to appropriate spiritual or religious resources as part of a comprehensive care plan. Second, offering a choice between Spiritual Therapy and ACT could empower patients to select the intervention that resonates most with their beliefs and preferences, potentially enhancing treatment adherence and outcomes. Finally, the development of culturally sensitive Spiritual Therapy protocols that can be adapted to different religious and cultural contexts would ensure that the intervention is accessible and relevant to a broader range of patients. By incorporating these practices, healthcare providers can offer more holistic and patient-centered care, ultimately improving the quality of life for individuals with chronic illnesses.

Authors' Contributions

In this article, the corresponding author was responsible for the intervention implementation, data analysis, and manuscript writing, while the other authors supervised the data analysis and manuscript writing.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We hereby thank all individuals for participating and cooperating us in this study.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the interview and participated in the research with informed consent.

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