The Relationship between Spiritual Health and Social Anxiety in Chemical Veterans

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Abstract

Aims: Spiritual well-being is an essential force in making for the physical, mental and social dimensions of man’s life. Social anxiety can have an adverse effect on spiritual well-being. For this reason, the aim of this study was to investigate the relationship between spiritual well-being and social anxiety in the veterans who are the victims of chemical weapons.

Methods: This descriptive correlational study uses a questionnaire that included demographic and spiritual well-being features as well as a Liebowitz social anxiety scale test. 109 veteran victims of chemical weapons were selected using convenience sampling in the province of Kermanshah. Data analysis was performed by descriptive statistics and Spearman and Mann-Whitney tests.

Results: In this study, there was an inverse relationship between spiritual well-being and social anxiety (p = 0/01, r = -0/363), but there was no statistically significant relationship between spiritual well-being or social anxiety and demographic characteristics.

Conclusion: Several studies have confirmed the existence of anxiety in war disabled veterans of affected by chemical weapons. Improving spiritual well-being, as a strong force affecting physical, mental and social health, can help control the social anxiety of such veterans, and they doubly need such improvement in order to be able to carry out their main personal activities. Therefore, there is a greater need for measure to boost the spiritual well-being of such victims in the new social conditions.

Keywords: Spiritual Well-being, Social Anxiety, Veterans, Kermanshah

Introduction

Health condition is an effective factor in the life quality of war disabled people. Health, according to the definition provided by the WHO, has different aspects: physical, mental, social and spiritual [1]. Of these, spiritual well-being has a special value. Some scholars believe that paying attention to spiritual well-being is especially necessary because it is the most important aspect of human existence for one third of the people and acts as a strong force in the center of their life and is connected to their health, feeling good and recovery [1, 2]. Thus spiritual well-being can be defined as a sense of connection to others, having a meaningful life with a goal, and believing in and connecting to a transcendent power [3].

Researchers show that without spiritual well-being, other aspects of human life, such as mental and social aspects, cannot function well and, as a result, achieving the highest quality of life will not be possible [1]. Recent studies reveal that spiritual well-being strongly affects mental and physical health and is reckoned to be a common solution to problems [4, 5]. Spirituality can enhance a patient’s ability to tackle diseases and speed up recovery [2, 6].

Various studies confirm the hypothesis that spiritual well-being can improve mental functions and adaptability. There are significant correlations between spiritual well-being and other variables such as depression, self-esteem, life satisfaction, temper, and anxiety [3, 7, 9].

Social anxiety is an important psychiatric disorder. Social anxiety is an expressive persistent fear of social or performance situations rooted in a person’s belief that he or she will act in an embarrassing or humiliating way [10]. The anxiety disorder is the third most common mental disorder after major depression and alcoholism. Epidemiological studies reveal that the prevalence rate of social anxiety during life is 13.3% [11, 12]. Experiencing anxiety may not only upset us but also negatively
affect out daily performance and jobs [12]. People who suffer from social anxiety disorder usually avoid embarrassing situations and scarcely undergo performance or social situations, and when they do, they suffer severe anxiety [13].

A person who suffers from social phobia (i.e., anxiety) does not like to start a relationship with others and, avoids with an unusual fear any situation where he or she may be judged by others [14]. In fact, the main fear in this type of anxiety is the fear of others’ negative judgment in social situations and of behavior which may provoke such judgment [15]. Studies show that negative self-assessment, avoiding assessment situations and expecting others’ negative judgment are among the most typical features of social anxiety [12].

This disorder usually leads to a long-term disability and affects people’s daily activities and social and career relationships. This disorder is also connected with anxiety disorder, depression and other personality disorders [16]. It also results in safety behavior which has destructive effects on their life [17]. For these reasons, social anxiety or phobia has been considered in recent years as an important disorder in public health [16].

Some researchers have shown that spirituality has much to do with a person’s general health and is thus an important source to rely on for coping with events which create tension [1]. They have also revealed that spirituality not only affects people’s manners and their mental health but also enhances their physical conditions. Improvement in spirituality makes for a decrease in the death rate of cardiac disease patients and reduction of blood pressure in patients suffering from high-blood pressure and helps faster recovery from depression. Spirituality similarly helps cope with severe diseases such as cancer and reduces pain in patients who complain of severe skeletal and muscle pains [18]. Other researchers point to the relationship between spiritual well-being and higher immunity against certain diseases [1].

Spirituality has a special role in critical situations, creates meaning in life and inspires the person in facing problems. People who enjoy higher spiritual well-being are strong and capable people with a higher controlling power and social support [19]. Nowadays mental health problems are increasing and have become an important issue, on the one hand, and an increasing number of people take spiritual health to be an effective approach in dealing with psychological disorders. Thus, some therapists of mental health have recently paid special attention to the role of spiritual well-being [20]. Fahring et al. argue that there is positive correlation between inner faith, spiritual well-being and other good manners. They also point out that spiritual well-being is an important help in gaining higher self-confidence and reducing social anxiety [21].

War disabled people are especially affected by tension-creating factors, which make for disorders in the social, mental, physical and familial realms of such people. Psychological changes, such as excitability, anxiety, tension, nervousness and inability to control oneself make for disorders in social and family relationship [22]. According to The Foundation for War Disabled People, there are 43913 war disabled veterans in Iran. In view of this large number of victims and due to the importance of the psychological aspects of disability, the study of war disabled people in terms of their spiritual well-being and social anxiety seems important [23]. Besides, the relationship between spiritual well-being and social anxiety is not quite clear in such veterans. The aim of this study, then, is to determine this relationship in war disabled veterans.

Methodology

This study was carried out using a descriptive correlation method on all veteran victims of chemical weapons who visited public places, such as parks, local public ceremonies and elections offices in late 2011 and early 2012 in the cities of Guilanegharb, Sarepolezahab and Kermanshah, all located in the province of Kermanshah. The public locations were chosen because of easier access to the subjects. The sample size was determined using the KREJCIE and Morgan method. 109 victims, 25% disability or higher, were studied using the convenience sampling method, and data were gathered using questionnaires. Before filling out the questionnaires, the subject and aim of the research project were explained to the subjects and it was made sure that they were happy with filling out the questionnaires. The confidentiality condition of the subjects’ identities was also observed. The questionnaire was made up of three parts: 1) demographic features, 2) the spiritual well-being scale (SWBS) question-
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The questionnaire created by Palouzian and Ellison consisted of 10 items relating to religious well-being and 10 items concerned with existential well-being. The religious well-being which includes people’s understanding of their own spiritual well-being in connection to a “higher being.” And existential well-being concerns the way people adjust to life, living and community. The ranges of the scores for existential and spiritual well-beings were each 10-60., and the scores were the basis of judging the scales of these two types of well-being, so that a higher score meant higher existential or religious well-being. The score of spiritual well-being was produced by combining the scores of the two subscales, ranging 20-120 on the whole. The items were scored on a 6-point Likert scale, ranging from “strongly disagree,” to “strongly agree.” At the end, spiritual well-being was classified into three levels of low (for the scores of 20-40), average (41-99) and high (100-120). The validity and reliability of the Persian version of the questionnaire had been examined in various studies [2, 4, 18, 19, 25]. The reliability of this tool was confirmed by Rezaie in Tehran with a Cronbach’s alpha of 0.82 [18] and with 0.87 in a more recent study. Future studies may use a Cronbach’s alpha of more than 0.9.

3) “The Liebowitz Social Anxiety Scale (1987) was the first clinician-administered scale to evaluate the wide range of social situations that are difficult for individuals with social phobia. The scale contains 24 items, 13 concerning performance anxiety and 11 concerning social situations. Each item is rated separately for fear (0 to 3 = none, mild, moderate, severe) and avoidance behavior (0 to 3 = never, occasionally, often, usually). Thus, the LSAS provides an overall social anxiety severity rating, and scores on 4 subscales: 1) performance fear, 2) performance avoidance, 3) social fear, and 4) social avoidance” [26].

The validity and reliability of this questionnaire was confirmed by Azmoon Yar Pooya company, which has ascribed a general alpha coefficient of 0.95, an alpha coefficient of 0.82 for the subscale of performance anxiety and an alpha coefficient of 0.91 for the subscale of social anxiety. Various other studies have also given the Cronbach’s alpha of this questionnaire. The validity of this scale has been reported to be 0.95, its reliability using questionnaire 1 to be 0.87 and the validity of the minor scales was confirmed as acceptable. The internal consistency of the social anxiety scale was 0.82 in Anari’s study [17]. The relationship between the demographic variables’ values and those of spiritual well-being and social anxiety was examined using the Spearman correlation coefficient. The marital status, visiting public places (i.e., places established and controlled by the city councils), previous experience of anxiety (the number of acute anxiety fits per week), financial status (based on public or private sector employment), relationship with the family (the number of family gatherings per week), the percentage of disability (based on valid ID cards) and age were criteria for entering the study, visiting public places and the subjects’ inclination to participate in the research project. The criteria for exclusion were incomplete filling out of the questionnaires, a history of anxiety or taking anti-anxiety medication, which led to the exclusion of three subjects. The data were analyzed using the SPSS version 16. The Spearman and Mann-Whitney tests to examine the relationship between the demographic variables and the factors considered in this study.

Results

In this study, 109 war disabled veterans of Guilanegharb, Sarepolezahab and Kermanshah (all located in the province of Kermanshah) with 25% or higher level of disability filled out the questionnaire during late 2011 and early 2012 (the second half of 1390 in Persian calendar). Due to special conditions of visiting the subjects, all those who participated in the study were male and aged 42-49 with the mean age of 41.3±1.12. Of these, 80.8 were married, 76.3% had an average financial status, and 68.4% had social anxiety.

85% of the subjects described their family relationship as good and 82.1% frequently visited public places. The average of disability of the subjects was 30%. Using descriptive statistics and calculating the mean and standard deviation of the scores, it was revealed that the mean score of the veterans’ social anxiety was 32.3±10.8 (Table 1) and the mean spiritual well-being score was 92.5±14.86 (Table 2).

The Spearman correlation test showed that there was a significant inverse relationship between spiritual well-being and social anxiety (r=0.363, p=0.01). Using the Spearman and Mann-Whitney
tests, no significant relation was found between the demographic features and spiritual well-being or social anxiety (Table 3).

Discussion

The findings of this study showed the following points. Most of the veteran victims of chemical weapons enjoyed high spiritual well-being (with scores ranging 100-120). There was an inverse relationship between the veterans’ spiritual well-being and their social anxiety, that is, veterans with high spiritual well-being had lower social anxiety and vice versa.

Other similar studies have also shown the effect of praying lowering the anxiety and depression scores [27, 28]. Spiritual well-being has proven to be effective in lowering different types of anxiety. Moghimian has shown that spiritual well-being can reduce exam anxiety [29]. There was no significant statistical relationship between the spiritual well-being of the veterans and their demographic features of age, marital status, visiting public places, previous history of anxiety, financial status, family relationships and percentage of disability. This finding was in agreement with those of Aghhosseini [25] and Moghimian [29].

Many of the subjects (35.2%) had experienced severe social anxiety (with scores ranging 81-95). This finding agrees with those similar studies regarding veterans’ social anxiety (PSTD) [30, 33]. This finding is also true of social anxiety in the children of such veterans [23]. In this study, there was no significant correlation between the demographic variables and social anxiety, which agrees with the findings of Kashdan [31], while Mokhtaripoor et al. show that there is a significant correlation between these two sets of variables.

Table 1) Subjects Social Anxiety Scores

<table>
<thead>
<tr>
<th>Level of social anxiety</th>
<th>Range of social anxiety score</th>
<th>Score percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low social anxiety</td>
<td>55-65</td>
<td>15%</td>
</tr>
<tr>
<td>Average social anxiety</td>
<td>66-80</td>
<td>28%</td>
</tr>
<tr>
<td>Severe social anxiety</td>
<td>81-95</td>
<td>35.2%</td>
</tr>
<tr>
<td>Acute social anxiety</td>
<td>Above 95</td>
<td>21.8%</td>
</tr>
<tr>
<td>Mean social anxiety score</td>
<td></td>
<td>32.3±10.8</td>
</tr>
</tbody>
</table>

Table 2) Subjects’ Spiritual Well-being Scores

<table>
<thead>
<tr>
<th>Level of spiritual well-being</th>
<th>Range of spiritual well-being score</th>
<th>Percentage score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>20-40</td>
<td>0%</td>
</tr>
<tr>
<td>Average</td>
<td>41-99</td>
<td>35.5%</td>
</tr>
<tr>
<td>High</td>
<td>100-120</td>
<td>65.5%</td>
</tr>
<tr>
<td>Mean spiritual well-being score</td>
<td></td>
<td>92.5±14.86</td>
</tr>
</tbody>
</table>

Table 3) Correlation of Subjects’ Demographic Features with Their Spiritual Well-being and Social Anxiety

<table>
<thead>
<tr>
<th>Demographic features</th>
<th>Spiritual well-being (P value)</th>
<th>Social anxiety (P value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital status</td>
<td>0.068</td>
<td>0.547</td>
</tr>
<tr>
<td>Visiting public places</td>
<td></td>
<td>0.106</td>
</tr>
<tr>
<td>History of anxiety</td>
<td></td>
<td>0.749</td>
</tr>
<tr>
<td>Financial status</td>
<td></td>
<td>0.195 (-0.152)</td>
</tr>
<tr>
<td>Family relationship</td>
<td>0.822 (-0.022)</td>
<td>0.541 (0.87)</td>
</tr>
<tr>
<td>Disability percentage</td>
<td></td>
<td>0.080 (0.388)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td>0.152 (0.134)</td>
</tr>
</tbody>
</table>
variables in the students of medical sciences universities (F=2.584, P=0.0086), with the highest negative correlation between the subjects’ socio-economic status and their anxiety [34].

High social anxiety can result in lower social performance (feeling that one is less accepted and supported by others), lower intimacy [35], social fear, shyness and substance abuse disorder [17]. Based on the findings of this study, it is possible to reduce veterans’ social anxiety by enhancing their spiritual well-being using such tools as prayers. Also, there is a correlation between increase in veterans’ social activity and reduction in their physical pain complaints, depression, anxiety, integration, social dysfunction [22]. Therefore, it is also possible to reduce veterans’ social anxiety by increasing their social activity. A research limitation of this study was considering the relationship between the veterans’ spiritual well-being and psychological problems.

Conclusion
Various researches have confirmed anxiety in the veteran victims of chemical weapons. It is possible to reduce social anxiety in such people by improving their spiritual well-being as a strong factor influencing physical, mental and social health because such veterans doubly need to improve their mental and physical health. The need to improve the veterans’ spiritual well-being is essential in the new social conditions.

References
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