



Factors Challenging the Spiritual Rehabilitation of Iranian Men Affected by Natural Disasters: A Qualitative Study

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Abstract

Spiritual health is one important dimension of human health. Natural disasters, however, can adversely affect human spiritual health. One of the undeniable requirements of disaster management is the spiritual rehabilitation of victims to help them recover to their pre-disaster health conditions. This study aimed to explore the factors challenging the spiritual rehabilitation of Iranian men suffering from natural disasters based on the experiences of key informants. The participants were 19 spiritual health experts in post-disaster spiritual rehabilitation. Participants were selected using a purposive sampling method until data saturation was reached. The data were collected through semi-structured interviews and analyzed using Graneheim and Lundman (2004) content analysis method. The factors challenging men's spiritual rehabilitation were classified into 6 main categories and 16 subcategories. The extracted categories included (i) correcting victims' perspectives, (ii) describing God's characteristics, (iii) seeking help from God, (iv) strengthening spiritual beliefs, (v) psychological factors, and (vi) tranquility factors. Our findings identified the important factors challenging the spiritual rehabilitation of the men victimized by natural disasters, which needed to be considered by responsible organizations and health sectors. Particularly, the organizations in charge of disaster management should take necessary measures and plans during the post-disaster phase to restore people's spiritual health. Spiritual health, currently a neglected dimension of health, should be considered people's in parallel with physical, psychological, and social health dimensions. Our results can be helpful in developing action plans for delivering a comprehensive spiritual rehabilitation service, which would help to lead to the full rehabilitation of victims after natural disasters.

Keywords Spiritual rehabilitation · Natural disasters · Men · Iran

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Introduction

Spiritual Health and Natural Disasters

According to the Centre for Research on the Epidemiology of Disasters (CRED), over 389 natural disasters occurred worldwide in 2020, leaving behind 15,080 dead and more than 98 million injured, along with \$171.3 billion in estimated economic damage (Crunch, 2021). Disasters, particularly natural disasters, can have severe adverse effects on survivors' psychological and spiritual health (Nejati-Zarnaqi et al., 2021; Schrubal et al., 2018).

Natural disasters disrupt the spiritual health of affected people as well as their physical, mental, and social health. Accordingly, fulfilling the physical and spiritual needs of the injured plays a very important role in their complete successful rehabilitation (Ardalan, Sohrabzadeh, & Rajaie, 2014; San-Juan, 2013).

Spirituality is often characterized as a person's views and behaviors that are impacted by a connection with God or a higher force in the world, and it is one of the variables that contribute to the resilience of survivors of natural and technological catastrophes (Cherry et al., 2018). Spirituality does not necessarily reflect religious teachings (Ahmadi et al., 2018), but it is an important part of many religions (Mason et al., 2007).

Faith, religious beliefs, and spirituality are essential determinants of adapting and increasing the resilience of disasters' survivors (Cherry et al., 2018). Following disasters, religion helps individuals recover from the disaster by encouraging them to regain a positive worldview, enhancing their hope and motivation, as well as by empowering individuals, answering their questions, and guiding them in decision-making (Schuster et al., 2001). The studies conducted following Hurricane Katrina (Henderson et al., 2010) and September 11 attacks revealed that the spiritual and religious supports effectively reduced survivors' anxiety, depression, and improved their resilience (Schuster et al., 2001).

The spiritual health is defined and determined in every culture based on its own spiritual structure. This concept is interrelated with the values, norms, and spiritual teachings of each society, and it is thus measured according to the cultural realities of communities (Abbasi et al., 2012).

In some communities, the spiritual and religious supports are more common than the modern psychotherapy to rehabilitate the disaster-affected people. The definitions, concepts, and elements of spiritual health vary among different social groups and communities (Azizi, 2015). Spiritual health researchers must consider these distinctions in their studies in a particular culture (Esmaeili, 2018). Policymakers should consider the spiritual support to empower the survivors of natural disasters by employing their religious beliefs and spirituality as a coping strategy (Govier, 2000).

Spiritual Rehabilitation

In the cases of spiritual rehabilitation, individuals, families, and communities affected by disasters use their rich heritage of faith, hope, and meaning as power

tools to accelerate the recovery process (Banerjee & Pyles, 2004). Studies conducted after Hurricane Katrina in 2005 and Deepwater Horizon oil spill in 2010 indicated that the spiritual support effectively improved resilience of survivors (Cherry et al., 2018). A similar study on the resilience of Hurricane Katrina survivors showed that the affected people who used spiritual tools, such as communing with God, praying, reading holy books, and helping others, achieved more effective and rapid rehabilitation (Alawiyah et al., 2011).

Despite the significance of the spiritual health and the presence of post-disaster rehabilitation programs in physical, psychological, social, and economic dimensions, there are insufficient plans for spiritual rehabilitation after disasters (Sheikhbardsiri et al., 2017). Post-disaster spiritual rehabilitation helps victims move toward their faith, which is a key solution for spiritual progression, post-traumatic growth (Cobb, Puchalski, & Rumbold, 2012), and hope (Rieg et al., 2006).

All spiritual supports should be provided based on the needs of the affected people and communities, and the providers of such supports should be chosen in coordination with local religious leaders (Association, 2018). To achieve persistent rehabilitation after a disaster, it is necessary to identify and assess the spiritual health dimensions of the affected community (Massey, 2006) and to educate the key obligations to the spiritual organizations which are responsible for providing the spiritual rehabilitation services (Ardalan et al., 2014).

Necessity of Spiritual Rehabilitation of Affected Men

Men have a variety of roles during disasters, including giving support for the family, being on the front lines during evacuation, and providing the family's security. According to studies, men tend to reject assistance, particularly psychological assistance, provided by family, friends, and health care professionals during disasters (Gaillard et al., 2017). Local health centers also pay little attention to men's health status at the time of disasters (Sohrabizadeh & Rahimi, 2017). Many studies have also noted higher rates of serious suicide attempts in men than in women after disasters (Chang et al., 2019; Dandona et al., 2018; Freeman et al., 2017).

Following the Fukushima nuclear disaster, a sharp increase was reported in the rate of suicide among men living in the evacuated areas immediately after the disaster (Orui et al., 2018). Similarly, the deterioration of men's physical and mental health was reported seven years after the Chile earthquake (Labra et al., 2019).

Studies on gender-based vulnerability in disasters have almost specifically focused on the vulnerabilities and capacities of women in particular. Studies on disaster-affected men are not sufficient, despite the roles they have, and the social expectations they are supposed to fulfill in disasters (Gaillard et al., 2017). There is a need to identify the factors affecting men's spiritual health before any specific plan, policy, or intervention for their rehabilitation after disasters. Accordingly, this study aimed to explore the factors challenging Iranian men's spiritual rehabilitation after natural disasters.

Method

Study Design

This study was conducted using conventional content analysis from July 2020 to April 2021. The research included all organizations and institutions actively participating in disaster management and spiritual health.

Study Setting

In qualitative studies, the setting is the place where people's experiences occur (Corbin & Strauss, 2014). Islam is the official religion in Iran and the majority of the country's population (99%) comprise Muslims (Ahmadi et al., 2018). Thus, religious behaviors and beliefs are evidently reflected in Iranians' daily life routines and social relations. Regarding the presence of numerous religious places and holy shrines in Iran, people have a high tendency to attend these places and worship God (Heydari Chianeh et al., 2018). Iran is recognized as a highly disaster-prone country in the world and ranks fourth in Asia in terms of the incidence of natural disasters such as floods (Seddighi & Seddighi, 2020).

Participants

The participants consisted of 19 experts and key informants in the field of spirituality, selected from spiritual health research centers, theological schools, disaster management organizations, and the centers for providing spiritual rehabilitation. Experts and key informants who had experiences in spiritual rehabilitation and health issues in natural disasters settings were approached for the interview. The participants were selected using purposeful sampling method in order to investigate various facets of the phenomena. As the data collection progressed, the number of the participants was determined based on data saturation, i.e., until the quality and amount of information were sufficient and no new concepts emerged from the data (Morse & Field, 1995). Inclusion criteria included willingness to participate and having adequate experience in the study area.

Data Collection

In this study, in-depth semi-structured, face-to-face interviews were carried out to collect data. As the first step, three unstructured interviews were conducted to reach the initial concepts. The duration of the interviews was determined based on the process of asking questions, receiving answers, collecting data, and asking following questions. For example, the participants were asked, "What are your experiences in the spiritual rehabilitation of men affected by disasters?" or "describe the important factors challenging men's spiritual rehabilitation after disasters". Moreover, each

interview lasted between 40 to 75 min (57 min on average). The interviews were audio recorded using a voice recorder and were precisely transcribed right after the interviews.

Data Analysis

The data analysis and data collections were conducted simultaneously and iteratively. Inductive content analysis method was applied using Graneheim and Lundman approach (Graneheim & Lundman, 2004). Accordingly, several steps were taken to analyze the data. First, the interview texts were thoroughly read several times to get a sense of the whole content. Second, important sentences were identified in the form of meaning units. Third, the meaning units were condensed into shorter units. Fourth, the condensed meaning units were abstracted and labeled with a code. Finally, the extracted codes were compared to recognize differences and similarities and sorted into categories and subcategories.

Microsoft Word 2018 was used as the word-processing software for typing the transcribed interviews. Several quotes and sample stories were selected to emphasize common beliefs and experiences.

Trustworthiness

Four strategies of credibility, confirmability, transferability, and dependability were used to achieve the data trustworthiness (Guba, 1981). Member and peer checking were used to achieve the credibility and dependency criteria. Through the member checking, the participants were asked about misunderstandings during the interviews and the codes were revised based on their feedbacks. Regarding the peer checking, experts and researchers who were not involved in the research team monitored the obtained codes and concepts. Furthermore, the researchers tried to be engaged with the data for a long time to ensure the credibility. The confirmability and transferability of the data were achieved by offering the details of the study process. In addition, the experts and professors who reviewed the extracted codes and categories approved the confirmability of the study. The research team tried to discard their potential prejudices and biases prior to the data collection and remain neutral about the extracted results.

Ethical Considerations

This study was part of a PhD thesis approved by the ethics committee of the Shahid Beheshti University of Medical Sciences, Tehran, Iran (ethical code: IR.SBMU.PHNS.REC.1399.110). Based on the consent form, all participants were informed about the research objectives, confidentiality of their personal information, and the possibility of the participant' leaving or declining the interview sessions at any time.

Results

The participants were in the age range of 34–65 years. Among these, 74% were male and the remaining 26% were female. Furthermore, the participants had the work experience between 8 and 30 years (Table 1).

The first 1705 codes, obtained from the interviews, were reduced to 427 final codes after summarizing and merging similar ones. Finally, the factors challenging men's spiritual rehabilitation after disasters were classified into 6 main categories and 16 subcategories. The categories included i) correcting victims' perspectives (three subcategories of the world's nature and position, the role and importance of disasters, and the meaning of death), ii) describing God's characteristics (two subcategories of God's kindness and wisdom), iii) seeking help from God (two subcategories of prayers and trust in God, appeal to Ahl al-Bayt), iv) strengthening spiritual beliefs (two subcategories of strengthening religious beliefs and emulating religious role models), v) psychological factors (four subcategories of meaning-making, history of psychological problems, employed coping strategies, and men's specific characteristics), and vi) tranquility factors (three subcategories of hope, patience, and empathy) (Table 2).

Correcting Victims' Perspectives

The World's Nature and Position

The participants mentioned that considering the world as a temporary place and a bridge to the afterlife would make it easier to overcome the disasters happened during one's lifetime. To reach his eternal fate, man has to live in this world. The participants stated that it is a human's mission to welcome the blessings dedicated to him in this world, while experiencing disasters and obstacles, to fulfill his duties and reach perfection. The purpose of human creation is not pure comfort. Furthermore, the nature of this world makes it impossible to achieve all human goals and demands, and things do not always happen as human wishes.

... God himself has told us that this world is not paradise to be fully in accordance with our wills but a place to become ready for paradise. We have come here temporarily to learn and go; our job is specified... (P2).

The Role and Importance of Disasters

Most of the participants perceived disasters as an indispensable part of this world, believing that humans face various types of disasters during their lives. They described that human is trained and tested by God via the disasters in order to be placed in a good position in the next world. The world's afflictions are intended to allow humans to mature and become perfect, expanding their potential and fostering a deeper and stronger link between man and God. According to participants'

Table 1 Participant Demographic Characteristics

Participant Code	Gender	Age (Year)	Education	Workplace	Work experience (Year)
P1	Female	41	PhD in Clinical Psychology	Spiritual Health Research Centre	16
P2	Male	44	PhD in Islamic Jurisprudence and Law	Humanities Research Center	13
P3	Male	35	PhD in Health Psychology	Health Counseling Center	13
P4	Male	45	PhD in Islamic Mysticism	Institute for Humanities and Cultural Studies	8
P5	Male	38	PhD in Disaster Management	Disaster Management Organization	9
P6	Female	53	PhD in Islamic Sciences	Islamic Culture Training Center	22
P7	Male	45	PhD in Sociology	Community-Based Psychiatric Care Research Center	19
P8	Male	55	MSc in Theology and BSc in Nursing	Faculty of Social Sciences	22
P9	Male	34	PhD in Cultural Policy	Religion and Society Research Center	11
P10	Female	47	Pediatrician	Department of Spiritual Health of the Ministry of Health	19
P11	Male	38	PhD in Disaster Management	Disaster Management Organization	10
P12	Male	49	PhD in Health in Disasters and Emergencies	School of Public Health	30
P13	Male	35	PhD in Psychology	Mental Counseling Center of the Ministry of Health	9
P14	Male	61	PhD in Theology	Howzeh-Qom	28
P15	Female	49	Psychiatrist	Medical Ethics and Law Research Center	20
P16	Male	46	Master of Emergency Management	Red Crescent	12
P17	Male	65	PhD in Health Education	Health Promotion Research Centre	30
P18	Female	39	Social Medicine	University of Medical Sciences	17
P19	Male	57	Psychiatrist	Non-Communicable Diseases Research Center	24

Table 2 The categories, subcategories, and examples of the codes

Categories and Subcategories		Selected Codes
Correcting victims' perspectives	World's nature and position	Describing the objectives of the universe Describing the objectives of the creation of ourselves
	The role and importance of disasters	Considering disasters as a test The human moving toward perfection by divine tests
	The meaning of death	The death being in God's hands The death meaning a change in path
Describing God's characteristics	Kindness	God's compensating for lost things Seeing God as a helper and rescuer
	Wisdom	Relating the disaster to God's wisdom Highlighting our unawareness of God's wisdom
	Prayers	Describing the position of prayers Describing prayers associated calmness
Seeking help from God	Trust in God, appeal to Ahl al-Bayt	Seeing no shelter but God Ask Ahl al-Bayt for help
	Strengthening religious beliefs	Reaching peace by seeking for God Praying as a tool for reaching calmness
	Emulating religious role models	Thinking of Karbala tragedy Taking the Imams (As) as the role model
Psychological factors	Meaning-making	Creating new meanings Giving a meaning to life
	History of psychological problems	Checking for a history of psychological problems Spiritual beliefs' being influenced by psychological disorders
	Employed coping strategies	Recognize previous copings Use of previous positive copings
	Men's specific features	Valuing men
		Maintaining the position of men

Table 2 (continued)

Categories and Subcategories	Selected Codes	
Tranquility factors	Hope	Eliminating despair of the victims Recalling the successful experiences of the individuals who have been in the same situation
	Patience	The value of patience on calamities before God Strengthening patience
	Empathy	Emotional support Familial support

experiences, experiencing disasters is one of the best ways for spiritual growth in the world. Furthermore, disasters are not restricted to natural disasters, but also include car accidents, incurable diseases, infertility, disabled children, chronic diseases, financial breakdown, etc.

...Disaster is a part of the world's puzzle, and most of our agony is because we do not know where these disasters are in this puzzle " (P1), "There would be comforts after disasters, which did not exist before; if only the man knew what the disaster was! ... (P7).

The Meaning of Death

According to the participants' perceptions, the victims of disasters who have lost their beloved ones will not reach peace until they understand the truth about death. The victims must understand that the world is not designed to continue and the death will strike all humans in a variety of ways, including natural disasters. The participants stated whenever God wants, the man's Holy Spirit would leave his material body and enter the other world, where he meets his merciful creator. They described that man has not been created from merely a combination of material limbs to be completely vanished by death, but his real essence is the Holy Spirit.

According to the participants' beliefs, death does not mean destruction, but the truth of death is that God withdraws the soul from the body. Death is in fact a change in the human's path but does not mean an end to his existence. By death, the man enters another life to continue his evolutionary cycle.

"...Do not worry, we all are going to meet our death..."(P11), and "...When man's death arrives, he has no choice but to go. Just the way of departure is different; one way is via disasters..." (P3).

Describing God's characteristics

God's Kindness

The majority of participants agreed that portraying God's compassion on victims will aid in their spiritual recovery. Indeed, understanding God's traits helps victims perceive the wider picture of events, and therefore, instead of avoiding and being furious with God, they feel protected under His control, strength, and kindness. The participants believed that God loved humans even more than their mothers did, and all the events in the universe are in God's hands. God has complete power over all affairs of the universe; He has unlimited mercy and never abandons humans, especially at the time of disasters.

...God is very merciful and rewards man for every disaster befalling him. For example, God has promised heaven for those who have seen the tragedy of their children's death... (P9), and ... You must acknowledge that you have a God who is very merciful... (P13).

God's Wisdom

According to the participants' perceptions, in order to answer the disaster victims asking "why me?", we should only refer to God's wisdom. Everything that happens in the world, including natural disasters, has God's wisdom behind it; however, people often do not know anything about it. God's wisdom mentioned by the participants means that because of God's unlimited knowledge, all of His actions flow in the right and best path. At the time of disasters, humans should know that they are dealing with God Who is aware of their situation and rewards them with better alternatives to everything that is lost during disasters. Understanding God's wisdom by the victim leads to the satisfaction with God's will and accepting the fact that in this world, we are under the supervision and guidance of our merciful God.

... Any disaster is based on God's wisdom; it has not been aimless; God is no adversary to the human...(P10), and ...The victim should recall himself of God's wisdom and not think that the events in the universe take place out of God's will... (P18).

Seeking Help From God

Prayers

According to the participants' experiences, victims of natural disasters can establish a spiritual relationship with God through prayer, which can include praying, supplication, and grieving, to create a sense of peace and support. During times of disasters, prayers strengthen the victim's mental fortitude and compensate for psychological shortcomings. Several participants considered saying prayers as a way to instill a feeling of optimism and bravery while also increasing their understanding of God. Thus, in religious interpretations, prayers have been considered as a weapon that helps the human beings defeat hardships and disasters.

...Another issue is to pray or seek prayer therapy. Prayer means communication with the Almighty God ... (P9), and ... We should gather with the victims and recite the prayers we know together ... (P3).

Trust in God, Appeal to Ahl al-BAYT

The participants stated that the injured victims of disasters could have a safe shelter by relying on God as the Supreme Power. Relying on God can obviate the fear of helplessness and inability to overcome problems in the future disasters. The victim needs to know who to go to at times of disasters; who other than God; and also who manages all universe affairs. It is incredibly easy to solve the victim's problems. The participants explained that the injured called out to Holy Imams (AS) and the Holy

Prophet of Islam (PBUH) to become closer to God and express their needs during the disasters.

... You just need to believe in God's power. He wants us to call His name, to trust Him, and to believe in Him... (P12), ... The victim should consider God as His defendant and know that He is aware of everything... (P11).

Psychological Factors

Meaning-Making

The participants mentioned that victims of disasters considered the post-disaster life meaningless due to the disruption of the daily life, death of loved ones, and loss of their property. In this situation, the victims can give meaning to their lives by connecting to a spiritual source. In the context of a meaningful and purposeful life, enduring the problems caused by natural disasters can also make sense. For the followers of any religion, hope in God can give life a meaning beyond physical things.

... When a person loses everything in an earthquake, he also loses the meaning of his life. He seeks meaning to continue life... (P8), ... We should create meaning for lives of the injured based on their spirits and beliefs... (P5).

History of Psychological Problems

The participants mentioned that the victims of natural disasters neglected their roles in the disaster and became angry with God because they believed that God was the cause of their problems. According to the participants' experiences, disaster-related concerns are compounded by pre-existing psychological problems, resulting in a confrontation between spiritual and psychological diseases.

The spiritual rehabilitation counselor should be able to differentiate the psychological problems from disaster-related emotions and refer victims to the relevant specialists if necessary. According to the participants' experiences, the loss of properties and exposure to post-disaster destructions could aggravate the existing depression and anxiety disorders among the victims of natural disasters. The symptoms of such mental disorders may be similar to the spiritual disorders.

... One should discern whether a man's crying is due to depression or spiritual problems. This is a very important issue... (P12), and ... One should investigate the pre-disaster health conditions of an angry earthquake victim... (P5).

Employed Coping Strategies

The participants highlighted the importance of identifying the previous coping strategies employed by victims to deal with prior disasters. Such experiences can help affected people plan a spiritual rehabilitation intervention. Many people

apply certain coping strategies based on their religious beliefs to cope with daily life challenges. These coping strategies can have positive, negative, or neutral outcomes which should be considered at the time of obtaining the history of the coping strategies of victims. Thus, the spiritual rehabilitation counselors can benefit from strategies with positive outcomes and avoid using those associated with negative outcomes.

... Another issue is people's coping experiences, which are generally used by them during their lives. How did they deal with these problems earlier? I always seek for a history of the copings already employed by people... (P18).

Men's Specific Features

As mentioned by the participants, spiritual rehabilitation consulting for the men affected by natural disasters should be community-based. The counselor should be familiar with men's unique characteristics. The participants stated that men need more support after disasters because of their roles as the head of the family. In comparison with women, men are less likely to express their feelings and sufferings, and, they tend to maintain their dignity because of their position in the family. The counselor can evoke men's paternal sense as a key factor during spiritual rehabilitation.

... Men do not want to look weak...The counselor should be careful not to undermine the position of the man in the family... (P5).

Tranquility Factors

Hope

The participants acknowledged that lack of hope for the future among the victims of natural disasters would make their normal life difficult. Most religions seek to give their followers a sense of hope, and particularly, hope in God is a major part of the ideology presented by them. Establishing social relationships with other victims and participating in group activities as well as ceremonies can enhance victims' hopes.

... Despair should be eliminated in the victim...He/she should engage in charitable and collective activities in the affected community... (P19), and ... If you have survived, you need to accomplish undone work and help other victims too...(P3).

Patience

The participants declared that highlighting the value of patience and the reward given by God, could be a factor in providing the injured with peace and comfort. Patience empowers victims to logically deal with events and increases their capacity and resilience. Patience in the face of tragedies displays people's deep-seated

emotional faith and is truly a beneficial coping mechanism. While waiting might be somewhat difficult at first, the result is immensely pleasurable. Through his resistance and perseverance in the face of adversity, the man finds hidden qualities and traits, and experiences tremendous strength.

... How would patient people be rewarded in paradise? Because of their patience in facing hardships... (P11), and ...The victim should remember that patience is the zenith of faith, and patience when facing disasters is the best type of patience...(P13).

Empathy

Most of the participants believed that the spiritual rehabilitation counselors should see the world through the victims' eyes to be able to feel their emotions without judgment. The counselor can establish a reciprocal feeling of empathy and peace in the injured by acknowledging that the victim's pain is not tolerable, and by seeking help from the victim's family members (the mother, sisters, and other members who can influence the victim). When expressing empathy, one should actively listen to victims without advising or blaming and encouraging the injured to express their feelings.

...At first, our job is to empathize, meaning that we should try to understand the injured. We should switch places with them and see what their current feelings are ... (P19).

Strengthening Spiritual Beliefs

Strengthening Religious Beliefs

According to the participants' experiences, strengthening trust in God and religious beliefs among victims are the key elements for relying on God as the omnipotent power after disasters. Some religious beliefs, such as believing in the resurrection (the hereafter) and God's justice affect victims' worldviews and improve their coping capacities in disasters. The injured can establish a close relationship with God as a rescuer by praying and performing religious duties.

...How should I deal with the victim I am in contact with? I should lead him/her toward seeing God as the sole rescuer and the fact that he/she has to go to Him to calm down ... (P1).

Emulating Religious Role Models

According the participants' descriptions, victims can recall the hardships and problems faced by prophets and the Imams (AS), especially the tragedy of Karbala and the way Imam Hussein (AS) dealt with the event. Victims may use these religious

behaviors of the role models as a guide, while maintaining the attitude that a sincere believer and follower deserves the same. Religious role models are considered as perfect human beings who can provide a viable pattern for encountering the new problems.

... Victims should see disasters from the worldviews of Ahl al-Bayt (AS)... Karbala is a great and beautiful university, it is in front of you, and you can use it a lot... (P9), and ... How did prophets and the Imams (AS), Who are as our role models, dealt with disasters?... (P7).

Discussion

The present study explored important factors challenging spiritual rehabilitation of disaster-affected men in Iran. Correcting victims' perspectives such as world's nature and position, the role and importance of disasters, and the meaning of death, describing God's characteristics such as kindness and wisdom, seeking help from God, psychological factors, men's specific characteristics, and tranquility factors such as hope, patience, and empathy were the concepts extracted from the data.

Correcting Victims' Perspectives

Explaining the reasons for natural disasters and the positive effects of every disaster on the victims' lives can accelerate the victims' rehabilitation and change their perspectives (Dahlberg et al., 2015). The study of impacts of religious beliefs on society's response to disasters suggested that a spiritual rehabilitation approach for the survivors is to provide answers to their queries, such as "why did the disaster happen?", "why did it happen to me?", and "what should I do?" (Sun et al., 2018).

Efforts should be made to correct the worldviews of victims. Seeing the world as a place for pure pleasure and considering the purpose of creation as eternal life and enjoyment will lead people to react ineffectively to the natural disasters. On the other hand, seeing the world as a temporary place and believing in the afterlife could bring hope and peace to those affected by the disasters (Horie, 2016). According to Govier, people seek to grasp the meaning and purpose of existence amid tough life circumstances and disasters, as well as the meaning and purpose of suffering and its causes (Govier, 2000). Thus, it is essential to improve the victim's spiritual health through counseling and rehabilitation plans (Hirono & Blake, 2017).

On the other hand, the reaction of the victims to the loss of loved ones depends on their perception of death, and the answers to their questions about death. For instance, "does death mean destruction or the beginning of a new life?", and "what will man face after death: comfort or agony?". Zakaria Razi, an eighth century Iranian physician and philosopher, believed that the way to resolve fears and worries about death is to strengthen the notion that the human soul will encounter a better fate in the afterlife compared to this material life (Wazir et al., 2019).

Describing God's Characteristics

According to the findings, recognizing God's characteristics such as kindness and wisdom helps the victims of the natural disaster not to feel lonely, even in the middle of excruciating pain. In addition, the victims who asked why the disaster happened to them need to reach a level of awareness about the world's nature, the role of disaster, and God's wisdom in order to ask themselves "why not me?" instead of "why me?". A similar study on the spiritual beliefs, depression, and resilience of Haiti earthquake survivors found that the victims who considered the disaster as a result of God's wrath were less resilient and more susceptible to anxiety, depression, and post-traumatic stress disorder (PTSD) (Blanc et al., 2016).

Seeking Help From God

The spiritual rehabilitation counselor may join the victim in his prayers and supplications, enabling him to speak more trustfully and confidently with God, as a source of strength and kindness (Burnard, 1987). Praying is a bridge between the man and God, through which the victim can feel God's presence at the time of disasters (Carson & Koenig, 2004). Reconciliation with God and remembering His attributes will enable the victim to better communicate with Him through prayers and supplications.

Regarding the link between religion, coping strategies, and spiritual care during disasters, a study on Hurricane Katrina revealed that describing God's mercy on the victims and their subsequent communications with God through prayer promoted their spiritual health (Entwistle et al., 2018; Tausch et al., 2011). If the victims of disasters feel that they are abandoned and punished by God, long-term psychological consequences and suicide attempts will increase after the disasters (Stratta et al., 2012). A study on Muslims and their psycho-social-spiritual responses during disasters indicated that trust in God and appreciating Him for blessings improved resilience and accelerated the recovery of victims (Fahm, 2019).

Psychological Factors

A factor challenging the spiritual rehabilitation of victims of natural disasters was the psychological abilities of the spiritual rehabilitation counselor in terms of making meaning and eliciting information about any earlier psychological disorder and the coping techniques used. More than one-third of disaster victims suffer from mental disorders, including depression, anxiety, and PTSD (Rezaeian, 2008). Thus, the spiritual rehabilitation counselor should have the necessary knowledge about these disorders to recognize them (Pargament, 2011) and be able to obtain a history of traumatic psychological disorders.

Since psychological and spiritual health disorders are closely related (Fontana, 2003), the spiritual rehabilitation counselor should be able to distinguish them and determine their differences. Furthermore, the skills of the counselor in

meaning-making help disaster survivors develop and extend a new meaning for their lives as they find their lives meaningless following the disasters, (Okan & Ekşi, 2017). The counselor should also hold meetings to help them regain their spiritual powers and a valuable meaning of life (Sipon et al., 2015).

Men's Specific Characteristics

According to the findings, the counselor who provides spiritual rehabilitation to natural disasters' male victims needs to be familiar with the specific characteristics of men. It is critical for the spiritual rehabilitation counselor to understand that not all of the victim's spiritual issues can be resolved, and that some of the survivors may resist spiritual rehabilitation intervention (Cobb et al., 2012). According to findings, men's position as a strong characteristics should be respected at the time of counseling and men should not be addressed in a way that makes them feel weak or ashamed. After disasters, men feel a great responsibility toward their families and believe that they should not be considered weak or affected due to the disasters (Gaillard et al., 2017). During spiritual counseling, the counselor should understand victims, empathize with them, and avoid imposing any personal or religious beliefs (Aten et al., 2015; Massey, 2006). It is recommended that spiritual rehabilitation start in the first days after disasters or response phase (i.e., when people may show strong emotional behaviors). It is important to note that the first priority is victims' physical well-being and to provide them with their basic needs, including food, clothing, and shelters.

Tranquility Factors

Based on the findings, giving hope was another important factor influencing the spiritual rehabilitation of the men affected by natural disasters. Believing in the future positive events increase the physical activity and liveliness among the victims. People affected by natural disasters are presented with uncertain future and apparently insurmountable long-term ambitions, and thus, the counselor should break down such goals into short-term targets (Steinbrecher et al., 2020). Studies showed that a higher level of hope is associated with better outcomes such as greater life satisfaction, feeling of being valuable, and positive attitudes toward social interactions.

On the other hand, disappointed people were more likely to present the symptoms of depression, negative attitudes toward life, and fear of social communications (Cobb et al., 2012). To acquire a positive attitude, survivors need to believe that achieving desired goals in the future is possible (Shantall, 2020). Similarly, after the L'Aquila earthquake in Italy, creating an atmosphere of kindness and compassion by the government was a major factor to nurture hope among the victims. The affected people can improve their quality of life in such a hopeful environment after disasters (Bock, 2017).

Study Limitations

This study was the first of its kind in Iran, since it was specifically considered men's spiritual rehabilitation after natural disasters. One of the limitations of the study was the difficult access to knowledgeable and experienced participants. Another study limitation was the coincidence of data collection with the COVID-19 pandemic, leaving people unwilling to be interviewed, especially in-person interviews. Furthermore, this study focused on men and did not consider a comparison between spiritual rehabilitation of men and women in Iran.

Conclusion

Considering the factors challenging the spiritual rehabilitation of the men affected by natural disasters can improve the spiritual health of the victims. The results of this study can be useful at the time of disasters for health systems and organizations in charge of crisis management. They can take the necessary measures to plan for the spiritual rehabilitation, which is currently an overlooked dimension of health. Spiritual rehabilitation counselor should be well educated and informed about the affected community's religious views and values. Furthermore, strengthening the spiritual health of people before disasters is highly recommended in order to improve disaster preparedness and response. Further research is needed to explore the factors challenging the spiritual rehabilitation of other vulnerable groups such as children and the elderly, and to develop an Emergency Operations Plan (EOP) for the effective implementation of spiritual rehabilitation measures during and after disasters. Exploring the factors affecting people's spiritual rehabilitation after technological disasters can be valuable to be studied. Further empirical research is needed to explore the possible differences between the spiritual rehabilitation of men and women after disasters.

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Declarations

Conflict of interest The authors declared no competing interests.

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References

- Abbasi, M., Azizi, F., Shamsi-Gooshki, E., Naserirad, M., & Akbari-Lake, M. (2012). Conceptual definition and operationalization of spiritual health: A methodological study. *Journal of Medical Ethics*, 6(20), 11–44.
- Ahmadi, F., Khodayarifard, M., Zandi, S., Khorrami-Markani, A., Ghobari-Bonab, B., Sabzevari, M., & Ahmadi, N. (2018). Religion, culture and illness: A sociological study on religious coping in Iran. *Mental Health, Religion & Culture*, 21(7), 721–736. <https://doi.org/10.1080/13674676.2018.1555699>
- Alawiyah, T., Bell, H., Pyles, L., & Runnels, R. C. (2011). Spirituality and faith-based interventions: Pathways to disaster resilience for African American Hurricane Katrina survivors. *Journal of Religion & Spirituality in Social Work: Social Thought*, 30(3), 294–319. <https://doi.org/10.1080/15426432.2011.587388>
- Ardalan, A., Sohrabzadeh, S., & Rajaie, M. H. (2014). *Rehabilitation in Disasters: Principles and Approaches*. Ministry of Health and Medical Education.
- Aten, J. D., O'Grady, K. A., Milstein, G., Boan, D., Smigelsky, M. A., Schrub, A., & Weaver, I. (2015). Providing spiritual and emotional care in response to disaster. In D. F. Walker, C. A. Courtois, & J. D. Aten (Eds.), *Spiritually oriented psychotherapy for trauma* (pp. 189–210). American Psychological Association. <https://doi.org/10.1037/14500-010>
- Azizi, F. (2015). *Spiritual Health: A New Dimension of Health*. Nashrehoghghi.
- Banerjee, M. M., & Pyles, L. (2004). Spirituality: A source of resilience for African American women in the era of welfare reform. *Journal of Ethnic and Cultural Diversity in Social Work*, 13(2), 45–70. https://doi.org/10.1300/J051v13n02_03
- Blanc, J., Rahill, G. J., Laconi, S., & Mouchenik, Y. (2016). Religious beliefs, PTSD, depression and resilience in survivors of the 2010 Haiti earthquake. *Journal of Affective Disorders*, 190, 697–703. <https://doi.org/10.1016/j.jad.2015.10.046>
- Bock, J. J. (2017). The second earthquake: How the Italian state generated hope and uncertainty in post-disaster L'Aquila. *Journal of the Royal Anthropological Institute*, 23(1), 61–80. <https://doi.org/10.1111/1467-9655.12544>
- Burnard, P. (1987). Spiritual distress and the nursing response: Theoretical considerations and counseling skills. *Journal of Advanced Nursing*, 12(3), 377–382. <https://doi.org/10.1111/j.1365-2648.1987.tb01344.x>
- Carson, V. B., & Koenig, H. G. (2004). *Spiritual caregiving: Healthcare as a ministry*. Templeton Foundation Press.
- Chang, Q., Yip, P. S., & Chen, Y.-Y. (2019). Gender inequality and suicide gender ratios in the world. *Journal of Affective Disorders*, 243, 297–304. <https://doi.org/10.1016/j.jad.2018.09.032>
- Cherry, K. E., Sampson, L., Galea, S., Marks, L. D., Stanko, K. E., Nezat, P. F., & Baudoin, K. H. (2018). Spirituality, humor, and resilience after natural and technological disasters. *Journal of Nursing Scholarship*, 50(5), 492–501. <https://doi.org/10.1111/jnu.12400>
- Cobb, M., Puchalski, C., & Rumbold, B. (2012). *Oxford textbook of spirituality in healthcare*. OUP Oxford.
- Corbin, J., & Strauss, A. (2014). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Sage publications.
- Crunch, C. (2021). *Disaster Year in Review 2020 Global Trends and Perspectives*. Available at: https://emdat.be/sites/default/files/adsr_2020.pdf
- Dahlberg, R., Johannessen-Henry, C. T., Raju, E., & Tulsiani, S. (2015). Resilience in disaster research: Three versions. *Civil Engineering and Environmental Systems*, 32(1–2), 44–54. <https://doi.org/10.1080/10286608.2015.1025064>
- Dandona, R., Kumar, G. A., Dhaliwal, R., Naghavi, M., Vos, T., Shukla, D., & Ambekar, A. (2018). Gender differentials and state variations in suicide deaths in India: The Global Burden of Disease Study 1990–2016. *The Lancet Public Health*, 3(10), 478–489. [https://doi.org/10.1016/S2468-2667\(18\)30138-5](https://doi.org/10.1016/S2468-2667(18)30138-5)

- Entwistle, D. N., Moroney, S. K., & Aten, J. (2018). Integrative reflections on disasters, suffering, and the practice of spiritual and emotional care. *Journal of Psychology and Theology*, 46(1), 67–81. <https://doi.org/10.1177/0091647117750658>
- Esmaeili, M. (2018). Spiritual health from the perspective of western and Islamic scientists. *Journal of Research on Religion and Health*, 4(3), 1–6.
- Fahm, A. O. (2019). Islam and disaster management in contemporary times: A psycho-socio-spiritual response. *Journal of Religion & Spirituality in Social Work: Social Thought*, 38(3), 259–280. <https://doi.org/10.1080/15426432.2019.1632246>
- Fontana, D. (2003). *Psychology, religion, and spirituality*. Wiley.
- Freeman, A., Mergl, R., Kohls, E., Székely, A., Gusmao, R., Arensman, E., & Rummel-Kluge, C. (2017). A cross-national study on gender differences in suicide intent. *BMC Psychiatry*, 17(1), 1–11. <https://doi.org/10.1186/s12888-017-1398-8>
- Gaillard, J.-C., Sanz, K., Balgos, B. C., Dalisay, S. N. M., Gorman-Murray, A., Smith, F., & Toelupe, V. A. (2017). Beyond men and women: A critical perspective on gender and disaster. *Disasters*, 41(3), 429–447. <https://doi.org/10.1111/disa.12209>
- Govier, I. (2000). Spiritual care in nursing: A systematic approach. *Nursing Standard*, 14(17), 32–36.
- Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, 24(2), 105–112. <https://doi.org/10.1016/j.nedt.2003.10.001>
- Guba, E. G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Ectj*, 29(2), 75–91.
- Henderson, T. L., Roberto, K. A., & Kamo, Y. (2010). Older adults' responses to Hurricane Katrina: Daily hassles and coping strategies. *Journal of Applied Gerontology*, 29(1), 48–69. <https://doi.org/10.1177/0733464809334287>
- Heydari Chianeh, R., Del Chiappa, G., & Ghasemi, V. (2018). Cultural and religious tourism development in Iran: Prospects and challenges. *Anatolia*, 29(2), 204–214. <https://doi.org/10.1080/13032917.2017.1414439>
- Hirono, T., & Blake, M. E. (2017). The role of religious leaders in the restoration of hope following natural disasters. *SAGE Open*, 7(2), 1–15. <https://doi.org/10.1177/2158244017707003>
- Horie, N. (2016). Continuing bonds in the tōhoku disaster area: locating the destinations of spirits. *Journal of Religion in Japan*, 5(2–3), 199–226. <https://doi.org/10.1163/22118349-00502006>
- Labra, O., Wright, R., Maltais, D., Tremblay, G., Bustinza, R., & Gingras-Lacroix, G. (2019). Earthquake Disasters and the Long-Term Health of Rural Men in Chile: A Case Study for Psycho-social Intervention Earthquakes-Impact, Community Vulnerability and Resilience. *IntechOpen*. <https://dx.doi.org/https://doi.org/10.5772/intechopen.84903>
- Mason, M., Singleton, A., & Webber, R. (2007). The spirituality of young Australians. *International Journal of Children's Spirituality*, 12(2), 149–163. <https://doi.org/10.1080/13644360701467451>
- Massey, K. (2006). *Light our way: A guide for spiritual care in times of disaster for disaster response volunteers, first responders and disaster planners*. National Voluntary Organizations Active in Disaster.
- Morse, J. M., & Field, P. A. (1995). *Qualitative research methods for health professionals*. Sage Publication.
- Nejati-Zarnaqi, B., Sahebi, A., & Jahangiri, K. (2021). Factors affecting management of corpses of the confirmed COVID-19 patients during pandemic: A systematic review. *Journal of Forensic and Legal Medicine*, 84, 102273. <https://doi.org/10.1016/j.jflm.2021.102273>
- Okan, N., & Ekşi, H. (2017). Spirituality in logotherapy. *Spiritual Psychology and Counseling*, 2(2), 143–164.
- Orui, M., Suzuki, Y., Maeda, M., & Yasumura, S. (2018). Suicide rates in evacuation areas after the Fukushima Daiichi nuclear disaster. *Crisis*, 39(5), 353–363. <https://doi.org/10.1027/0227-5910/a000509>
- Pargament, K. I. (2011). *Spiritually integrated psychotherapy: Understanding and addressing the sacred*. Guilford press.
- Rezaeian, M. (2008). The adverse psychological outcomes of natural disasters: How religion may help to disrupt the connection. *Journal of Pastoral Care & Counseling*, 62(3), 289–292. <https://doi.org/10.1177/154230500806200312>
- Rieg, L. S., Mason, C. H., & Preston, K. (2006). Spiritual care: Practical guidelines for rehabilitation nurses. *Rehabilitation Nursing*, 31(6), 249–256. <https://doi.org/10.1002/j.2048-7940.2006.tb00021.x>

- San-Juan, C. (2013). Rethinking psychosocial interventions in natural disasters: Lessons from holistic ecocentrism and religious beliefs. *Journal of Religion and Health*, 52(3), 1038–1047. <https://doi.org/10.1007/s10943-012-9589-6>
- Schruba, A. N., Aten, J. D., Davis, E. B., & Shannonhouse, L. R. (2018). A grounded theory of the practice of disaster spiritual and emotional care: The central role of practical presence. *Journal of Psychology & Christianity*, 37(1), 57–73.
- Seddighi, H., & Seddighi, S. (2020). How much the Iranian government spent on disasters in the last 100 years? A critical policy analysis. *Cost Effectiveness and Resource Allocation*, 18(1), 1–11. <https://doi.org/10.1186/s12962-020-00242-8>
- Shantall, T. (2020). *The Life-changing Impact of Viktor Frankl's Logotherapy*. Springer.
- Sheikhbardsiri, H., Yarmohammadian, M. H., Rezaei, F., & Maracy, M. R. (2017). Rehabilitation of vulnerable groups in emergencies and disasters: A systematic review. *World Journal of Emergency Medicine*, 8(4), 253–263. <https://doi.org/10.5847/wjem.j.1920-8642.2017.04.002>
- Sipon, S., Sakdan, M. F., & a., Mustafa, C. S., Marzuki, N. A., Khalid, M. S., Ariffin, M. T., & Nazli, N. N. N. (2015). Spirituality and social support in flood victims. *Procedia-Social and Behavioral Sciences*, 185, 361–364. <https://doi.org/10.1016/j.sbspro.2015.03.409>
- Sohrabizadeh, S., & Rahimi, A. (2017). Men's health and Livelihood status in disasters: A qualitative field study in eastern Azerbaijan, Bushehr, and Mazandaran provinces in Iran. *Health Scope*, 6(4), e62155. <https://doi.org/10.5812/jhealthscope.62155>
- Steinbrecher, E., Jordan, S. S., & Turns, B. (2020). Providing Immediate Hope to Survivors of Natural Disasters: A Miracle Question Intervention. *The American Journal of Family Therapy*, 49(2), 204–219. <https://doi.org/10.1080/01926187.2020.1789899>
- Stratta, P., Capanna, C., Riccardi, I., Carmassi, C., Piccinni, A., Dell'Osso, L., & Rossi, A. (2012). Suicidal intention and negative spiritual coping one year after the earthquake of L'Aquila (Italy). *Journal of Affective Disorders*, 136(3), 1227–1231. <https://doi.org/10.1016/j.jad.2011.10.006>
- Sun, L., Deng, Y., & Qi, W. (2018). Two impact pathways from religious belief to public disaster response: Findings from a literature review. *International Journal of Disaster Risk Reduction*, 27, 588–595. <https://doi.org/10.1016/j.ijdrr.2017.10.004>
- Tausch, C., Marks, L. D., Brown, J. S., Cherry, K. E., Frias, T., McWilliams, Z., & Sasser, D. D. (2011). Religion and coping with trauma: Qualitative examples from Hurricanes Katrina and Rita. *Journal of Religion, Spirituality & Aging*, 23(3), 236–253. <https://doi.org/10.1080/15528030.2011.563203>
- Wazir, M., Wang, L., & Wu, X. (2019). Razi's Concept of an Afterlife. *Open Journal of Social Sciences*, 7(6), 136–141. <https://doi.org/10.4236/jss.2019.76011>

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