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The Effectiveness of Spiritually Oriented Existential Therapy on Illness Perception and Personal Sense of Security in Women with Post-Traumatic Stress Disorder and Definitive Singlehood

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A B S T R A C T

Purpose: The present study aimed to investigate the effectiveness of spiritually oriented existential therapy on illness perception and personal sense of security in women with PTSD and definitive singlehood.

Methods and Materials: The present study employed a semi-experimental pretest–posttest design with a control group. The statistical population consisted of women with PTSD and definitive singlehood who referred to the Amin Counseling and Psychological Center in Tehran during 2025. A total of 24 participants were selected using purposive sampling and randomly assigned to an experimental group and a control group. The experimental group participated in ten 90-minute sessions of spiritually oriented existential therapy, while the control group received no intervention. Following participant attrition, 10 participants remained in each group. Data were collected using the Brief Illness Perception Questionnaire and the Personal Sense of Security Questionnaire. Data analysis was conducted using descriptive statistics, multivariate analysis of covariance (MANCOVA), and univariate analysis of covariance (ANCOVA).

Findings: The findings demonstrated that spiritually oriented existential therapy had a statistically significant effect on illness perception and personal sense of security among women with PTSD and definitive singlehood. The results of covariance analysis indicated a significant difference between the experimental and control groups in illness perception scores ($F = 12.306$, $P = 0.001$, $\eta^2 = 0.724$). Additionally, a significant difference was observed between the groups in personal sense of security scores ($F = 10.808$, $P = 0.001$, $\eta^2 = 0.569$). The results of the Tukey post-hoc test further confirmed that the experimental group showed significantly improved illness perception and higher personal sense of security compared to the control group ($P < 0.01$).

Conclusion: The findings suggest that spiritually oriented existential therapy is an effective intervention for improving illness perception and enhancing personal sense of security in women with PTSD and definitive singlehood.

Keywords: *Spiritually oriented existential therapy, illness perception, personal sense of security, women, Post-Traumatic Stress Disorder, definitive singlehood.*

1. Introduction

Post-traumatic psychological conditions are among the most significant mental health challenges affecting individual functioning, emotional regulation, interpersonal relationships, and overall quality of life. Among these conditions, Post-Traumatic Stress Disorder has attracted substantial attention due to its chronic nature, complex symptomatology, and extensive psychological consequences. PTSD is generally characterized by intrusive memories, emotional dysregulation, hyperarousal, avoidance behaviors, persistent fear, and disruptions in cognitive and social functioning. Exposure to traumatic experiences often produces profound changes in the individual's perception of self, others, and the surrounding world, resulting in a diminished sense of psychological safety and existential stability. In recent decades, researchers have increasingly emphasized that traumatic experiences not only damage emotional functioning but also influence individuals' meaning systems, existential orientation, and perception of life purpose (Ratcliff et al., 2025; Türk et al., 2025).

Women appear to be particularly vulnerable to the psychological consequences of trauma because of biological, social, emotional, and cultural factors that intensify emotional distress and psychological insecurity. In societies where marriage and family formation are culturally valued, women experiencing definitive singlehood may encounter additional emotional burdens such as social stigma, loneliness, reduced social support, uncertainty regarding the future, and feelings of incompleteness or existential emptiness. These experiences can interact with traumatic stress symptoms and intensify psychological maladjustment. Research has demonstrated that inadequate family functioning, impaired social relationships, and weak emotional support systems are associated with poorer psychological outcomes and reduced well-being among vulnerable populations (Ahmadi et al., 2020; Refati & Yousefi, 2019). Furthermore, social isolation and reduced interpersonal belongingness are associated with decreased resilience and impaired emotional adaptation in women experiencing chronic psychological distress (Firouzkoohi et al., 2019; Park et al., 2021).

One of the important psychological constructs associated with chronic mental and physical disorders is illness perception. Illness perception refers to the cognitive and emotional representations individuals develop regarding the nature, causes, duration, controllability, and consequences of their illness. These subjective perceptions significantly influence coping behaviors, emotional adjustment, treatment adherence, and psychological well-being. Negative illness perception is often associated with heightened anxiety, hopelessness, maladaptive coping strategies, and reduced quality of life. Studies indicate that individuals who perceive their illness as uncontrollable, threatening, and permanent are more likely to experience psychological distress and impaired functioning (Heo & Kim, 2020; Tamanaeifar et al., 2023). Similarly, personality characteristics and maladaptive cognitive styles can shape illness-related interpretations and influence individuals' capacity for emotional adaptation (Mendoza-Catalán et al., 2022; Zare et al., 2020).

Research has increasingly emphasized that psychological adjustment to illness is strongly associated with resilience, coping skills, self-care behaviors, and perceived social support. Individuals with greater resilience and stronger adaptive capacities generally report lower emotional distress and higher levels of psychological well-being. In contrast, maladaptive coping patterns and emotional vulnerability contribute to poorer adjustment and heightened psychopathology (Katani et al., 2021; Malekan et al., 2021). In patients with chronic conditions, resilience has been shown to mediate the relationship between personality factors and self-care behaviors, suggesting that psychological strengths may buffer the negative effects of stress and illness perceptions (Heo & Kim, 2020; Tamanaeifar et al., 2023). These findings indicate that interventions targeting existential strength, emotional resilience, and adaptive meaning-making may improve psychological functioning among individuals with trauma-related disorders.

Another fundamental psychological construct closely associated with trauma recovery and emotional adjustment is personal sense of security. Personal security refers to the subjective feeling of safety, stability, trust, and psychological protection in one's internal and external environment. A weakened sense of security often leads to chronic anxiety, emotional instability, fearfulness, distrust, and impaired social functioning. Traumatic experiences can significantly damage individuals' sense of personal safety by disrupting their assumptions regarding predictability, trustworthiness, and control over life circumstances. PTSD symptoms, particularly hypervigilance and intrusive fear, contribute to persistent insecurity and emotional vulnerability. Studies have shown that emotional support, resilience, positive interpersonal relationships, and adaptive coping strategies contribute significantly to strengthening

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personal security and emotional well-being (Fleury et al., 2022; Gil-Lacruz et al., 2019). Moreover, healthy aging and psychological adaptation are closely linked to feelings of safety, emotional connectedness, and existential coherence (Abud et al., 2022; Frías-Luque & Toledano-González, 2022).

The increasing prevalence of psychological distress and emotional instability among vulnerable groups has led researchers to investigate interventions that extend beyond symptom reduction and address deeper existential and spiritual dimensions of human experience. Existential approaches emphasize the importance of meaning, freedom, responsibility, self-awareness, and authentic living in promoting psychological health. Existential psychotherapy proposes that psychological suffering often emerges when individuals experience meaninglessness, isolation, hopelessness, and existential anxiety. Accordingly, helping individuals reconstruct meaning and reconnect with valued life purposes can reduce emotional distress and foster psychological growth (Haufe et al., 2020; Terao & Satoh, 2022).

Spiritually oriented existential therapy integrates existential principles with spiritual and transcendent dimensions of human functioning. This therapeutic approach seeks to help individuals confront existential concerns while developing a deeper sense of purpose, connectedness, hope, and spiritual coherence. Spirituality-oriented interventions may reduce feelings of emptiness and despair by promoting self-transcendence, forgiveness, acceptance, gratitude, and connection with a higher meaning system. Researchers have suggested that spiritual strengths can improve emotional resilience and facilitate psychological adaptation during periods of severe distress and uncertainty (Haufe et al., 2020; Terao & Satoh, 2022). Existential interventions in palliative and psychological care settings have demonstrated effectiveness in reducing distress, enhancing life satisfaction, and strengthening meaning in life (Ratcliff et al., 2025; Talebi et al., 2024).

Several studies have specifically supported the role of spirituality-based and meaning-centered interventions in improving psychological outcomes among vulnerable populations. For example, spirituality-oriented existential therapy has been shown to enhance affective capital and emotional well-being in older women (Sartipzadeh et al., 2019). Meaning-centered therapeutic approaches have also demonstrated effectiveness in reducing death anxiety and improving distress tolerance among women with breast cancer (Talebi et al., 2024). Similarly, meaning in life has been identified as an important mediator between traumatic experiences and positive psychological outcomes such as posttraumatic growth and life satisfaction (Türk et al., 2025; Yao et al., 2024). These findings indicate that existential meaning and spirituality may serve as protective psychological resources in individuals facing adversity and trauma.

In addition to existential interventions, contemporary psychological research has emphasized the importance of mindfulness, self-compassion, positive coping, and emotional regulation in enhancing psychological health. Mindfulness-based cognitive therapy has been associated with increased happiness and reduced irrational beliefs among psychologically vulnerable individuals (Valizadeh & Parandin, 2022). Self-compassion interventions have also been shown to improve resilience and life satisfaction among women experiencing emotional difficulties (Asadi Bijaeyeh et al., 2021). Religion-oriented cognitive behavioral therapy has demonstrated beneficial effects on self-compassion and suffering perception among infertile women, suggesting that spiritually integrated approaches may effectively address emotional pain and existential distress (Mashak et al., 2021).

The broader literature on psychological well-being also suggests that adaptive lifestyle factors, emotional strengths, and psychosocial resources contribute substantially to healthy psychological functioning across the lifespan. Healthy aging models emphasize the importance of emotional resilience, social connectedness, and meaning-oriented living in maintaining psychological well-being (Jowell et al., 2020; Ory & Smith, 2022). Biological and psychological aging research further indicates that chronic stress, emotional insecurity, and unresolved psychological distress negatively affect long-term health outcomes (Fathi, 2020; Ferrucci et al., 2020). Moreover, healthier lifestyles and adaptive coping strategies are associated with improved emotional adjustment and greater psychological resilience (Sakaniwa et al., 2022; Tauil et al., 2021). Personality factors and psychosocial variables also play significant roles in shaping emotional functioning and mental health outcomes (Mendoza-Catalán et al., 2022; Nasiłowska-Barud et al., 2021).

Despite the growing body of literature on spirituality, existential psychotherapy, resilience, and psychological adaptation, limited research has specifically examined the effectiveness of spiritually oriented existential therapy on illness perception and personal sense of security among women with PTSD and definitive singlehood. This population experiences unique psychological vulnerabilities

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associated with trauma, loneliness, existential uncertainty, and social pressure, which may intensify emotional suffering and reduce psychological stability. Given the importance of meaning-making, existential coherence, and spiritual resources in psychological recovery, spiritually oriented existential therapy may provide an effective framework for improving cognitive and emotional adaptation in these women. Therefore, the present study aimed to investigate the effectiveness of spiritually oriented existential therapy on illness perception and personal sense of security in women with PTSD and definitive singlehood.

2. Methods and Materials

2.1. Study Design and Participants

The present study was an applied semi-experimental investigation employing a pretest–posttest design with a control group. The study included one intervention group and one control group. The statistical population consisted of all women with Post-Traumatic Stress Disorder and definitive singlehood in Tehran who referred to the Amin Counseling and Psychological Center during 2025 for psychological treatment services. Initially, based on the study inclusion criteria, 24 participants were selected from the target population using purposive non-random sampling. Subsequently, participants were randomly assigned into an experimental group (n = 12) and a control group (n = 12). The experimental group participated in ten 90-minute sessions of spiritually oriented existential therapy. Following participant attrition, 10 participants successfully completed the intervention program. The control group did not receive any psychological intervention during the study period. To maintain equivalence between the experimental and control groups, a number of participants equal to the attrition rate in the experimental group were randomly excluded from the control group as well.

The inclusion criteria consisted of providing informed consent for participation in the study, possessing at least basic literacy skills including the ability to read and write, receiving a diagnosis of PTSD by a psychologist or psychiatrist, not currently undergoing pharmacological treatment, and being women aged between 40 and 44 years with definitive singlehood status. The exclusion criteria included unwillingness to continue participation in the study, the prediction or emergence of severe psychological harm during the intervention process, and absence from more than three therapy sessions.

2.2. Measures

The Brief Illness Perception Questionnaire (BIPQ) was used to assess illness perception. This instrument was developed by Broadbent and colleagues in 2006 to evaluate individuals' cognitive and emotional representations of illness. The questionnaire consists of nine items scored on a 0–10 scale, ranging from "no effect at all" to "extremely affecting." The first five items assess cognitive dimensions of illness perception, including consequences, timeline, personal control, treatment control, and illness identity. Two items focus on emotional reactions toward illness, specifically concern and emotional response. One item evaluates illness comprehensibility and coherence, while the final item is an open-ended question asking participants to identify the three most important factors contributing to their illness. Responses to this item may involve factors such as stress, lifestyle, heredity, and related causes, thereby challenging patients' subjective perceptions of their condition. Previous psychometric evaluations conducted across six patient groups involving 891 participants reported Cronbach's alpha coefficients ranging from 0.65 to 0.73, indicating acceptable internal consistency and reliability.

The Personal Sense of Security Questionnaire was administered to evaluate participants' perceived personal security. Personal security is regarded as one of the fundamental human needs and is considered a core component of personality development within theoretical frameworks such as Abraham Maslow's hierarchy of needs. The concept refers to an individual's subjective perception of being protected under the law and having the capacity to defend personal rights through legitimate legal and social mechanisms. The instrument conceptualizes personal security as a dynamic and subjective process influenced by social trust, stable interpersonal relationships, and environmental safety. The questionnaire consists of 20 items scored on a four-point Likert scale ranging from 1 (very low) to 4 (very high). The scale includes three subscales related to dimensions of perceived security. Total scores range from 20 to 80, with a cutoff score of 50 indicating the threshold between weak and favorable levels of personal security. Higher scores represent greater perceived personal security. The reliability of the questionnaire was established using Cronbach's alpha, yielding an internal consistency coefficient of 0.77 based on a pilot administration involving 50 participants.

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2.3. *Intervention*

The spiritually oriented existential therapy program was conducted across ten 90-minute sessions. The intervention began with participant orientation, introduction to group rules and principles, and training in spiritually based techniques for coping with feelings of emptiness and existential frustration. Early sessions focused on religious orientation strategies, paradoxical intention techniques for interrupting neurotic cycles, and Socratic questioning aimed at modifying maladaptive attitudes toward unchangeable life circumstances. Subsequent sessions emphasized meaning-seeking as a psychological buffer against stress, self-actualization, self-transcendence, altruistic service, social belongingness, harmony with God, interpersonal trust, and existential purposefulness. Spiritual approaches to problem-solving, existential questioning, meditation practices, communication with God, gratitude exercises, commitment strategies for creating meaningful life experiences, and self-forgiveness techniques for reducing guilt and shame were incorporated throughout the treatment process. Additional sessions addressed fear of death and death anxiety using wave-riding techniques, forgiveness strategies to improve interpersonal relationships, prayer practices to enhance resilience and tranquility, and self-awareness training to overcome negative emotions such as hopelessness, jealousy, hatred, and emotional imbalance. The final sessions focused on psychological empowerment through spirituality, coping with existential vacuum, reviewing therapeutic concepts and techniques from previous sessions, and administration of the posttest assessments.

2.4. *Data Analysis*

Data analysis was conducted using both descriptive and inferential statistical methods. Descriptive statistics included the calculation of means, variances, and standard deviations for the study variables. Inferential analyses were performed using multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA) as parametric statistical models appropriate for the objectives and design of the study. These analyses were used to evaluate differences between the experimental and control groups while controlling for pretest scores and assessing the effectiveness of spiritually oriented existential therapy on illness perception and personal sense of security.

3. Findings and Results

Table 1 presents the descriptive statistics related to illness perception and personal sense of security among women with Post-Traumatic Stress Disorder and definitive singlehood in the experimental and control groups at the pretest and posttest stages.

Table 1

Descriptive Statistics for Illness Perception and Personal Sense of Security in Women with PTSD and Definitive Singlehood

Variable	Test Phase	Group	N	Mean	SD	Minimum	Maximum	Range
Illness Perception	Pretest	Control	10	56.80	4.59	50	65	15
		Experimental	10	56.50	4.25	50	64	14
		Total	20	56.65	4.31	50	65	15
	Posttest	Control	10	56.20	3.94	50	63	13
		Experimental	10	51.90	3.14	50	60	10
		Total	20	54.05	4.11	50	63	13
Personal Sense of Security	Pretest	Control	10	38.60	4.43	32	45	13
		Experimental	10	38.90	4.25	32	45	13
		Total	20	38.75	4.23	32	45	13
	Posttest	Control	10	39.20	4.13	32	45	13
		Experimental	10	43.70	3.86	38	50	12
		Total	20	41.45	4.52	32	50	18

The descriptive findings indicated that the pretest mean scores of illness perception were relatively similar between the experimental group (M = 56.50, SD = 4.25) and the control group (M = 56.80, SD = 4.59). However, in the posttest stage, the mean score of illness perception decreased in the experimental group (M = 51.90, SD = 3.14), whereas the control group showed minimal change (M = 56.20, SD = 3.94). Regarding personal sense of security, the pretest mean scores were also comparable between the experimental group (M = 38.90, SD = 4.25) and the control group (M = 38.60, SD = 4.43). In the posttest stage, the experimental group demonstrated a notable increase in personal sense of

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security (M = 43.70, SD = 3.86), while the control group showed only a slight increase (M = 39.20, SD = 4.13). Overall, the descriptive statistics suggest that spiritually oriented existential therapy improved illness perception and enhanced personal sense of security among women with PTSD and definitive singlehood.

Prior to conducting the inferential analyses, the assumptions of normality and homogeneity of variances and covariance matrices were examined. The results of the Kolmogorov–Smirnov test indicated that the distribution of illness perception and personal sense of security scores in both the experimental and control groups was normal (P > 0.05). In addition, Box's M test demonstrated that the covariance matrices were homogeneous across groups (Box's M = 6.280, F = 1.841, P = 0.137). Furthermore, Levene's test results confirmed the homogeneity of variances for illness perception (F = 1.167, P = 0.294) and personal sense of security (F = 0.237, P = 0.632). Therefore, the assumptions required for conducting multivariate analysis of covariance were satisfied.

Table 2

Results of Multivariate Analysis of Covariance (MANCOVA) for Illness Perception and Personal Sense of Security in Women with PTSD and Definitive Singlehood

Source of Variance	Variable	Sum of Squares	df	Mean Square	F	P	Eta Squared
Spiritually Oriented Existential Therapy (Control vs. Experimental Group)	Illness Perception	80.119	1	80.119	12.306	0.001	0.724
	Personal Sense of Security	90.908	1	90.908	10.808	0.001	0.569

The results presented in Table 2 indicated that spiritually oriented existential therapy had a statistically significant effect on both illness perception and personal sense of security among women with PTSD and definitive singlehood. Specifically, a significant difference was observed between the experimental and control groups in illness perception scores (F = 12.306, P = 0.001, η^2 = 0.724). Similarly, the intervention produced a significant effect on personal sense of security (F = 10.808, P = 0.001, η^2 = 0.569). The obtained effect sizes demonstrated that spiritually oriented existential therapy accounted for a substantial proportion of variance in both dependent variables, indicating the strong effectiveness of the intervention.

Table 3

Tukey Post-Hoc Test Results for Illness Perception and Personal Sense of Security in Women with PTSD and Definitive Singlehood

Variable	Group Comparison	Mean	Mean Difference (i-j)	Standard Error	P-value	Result
Illness Perception	Control Group (i)	56.056	4.012	0.640	0.001	Significant Difference
	Experimental Group (j)	52.044				
Personal Sense of Security	Control Group (i)	39.313	-4.273	0.960	0.001	Significant Difference
	Experimental Group (j)	43.587				

The results of the Tukey post-hoc test demonstrated significant differences between the experimental and control groups in both illness perception and personal sense of security. Regarding illness perception, the mean difference between the groups was statistically significant in favor of the experimental group (P < 0.01), indicating that spiritually oriented existential therapy effectively improved participants' perceptions and understanding of their illness. Similarly, a statistically significant difference was found in personal sense of security scores in favor of the experimental group (P < 0.01), suggesting that the intervention significantly enhanced participants' perceived personal security and psychological stability. Overall, these findings support the effectiveness of spiritually oriented existential therapy for women with PTSD and definitive singlehood.

4. Discussion and Conclusion

The present study aimed to investigate the effectiveness of spiritually oriented existential therapy on illness perception and personal sense of security in women with Post-Traumatic Stress Disorder and definitive singlehood. The findings demonstrated that spiritually oriented existential therapy significantly improved illness perception

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and enhanced personal sense of security among participants in the experimental group compared to the control group. The results indicated that the intervention produced meaningful psychological changes in participants' cognitive interpretations of illness and their subjective feelings of emotional and existential safety. These findings support the assumption that spiritually integrated existential approaches can effectively address the deeper emotional and existential dimensions of trauma-related psychological distress.

One of the principal findings of the present study was the significant improvement in illness perception among women receiving spiritually oriented existential therapy. Illness perception represents an individual's cognitive and emotional understanding of illness and influences psychological adjustment, coping behaviors, treatment adherence, and emotional well-being. Women with PTSD and definitive singlehood may experience heightened feelings of helplessness, chronic anxiety, uncertainty about the future, and existential despair, all of which negatively shape their perception of illness and personal suffering. Spiritually oriented existential therapy appears to modify maladaptive cognitive interpretations by helping individuals reinterpret suffering within a broader existential and spiritual framework. Through meaning-making processes, self-awareness exercises, spiritual reflection, and cognitive restructuring of existential concerns, participants gradually developed more adaptive and coherent perceptions regarding their emotional difficulties.

These findings are consistent with previous studies emphasizing the relationship between psychological strengths and adaptive illness perceptions. Research has shown that resilience, self-care behaviors, and emotional regulation significantly influence individuals' adjustment to chronic stress and illness (Heo & Kim, 2020; Tamanaeifar et al., 2023). Similarly, personality traits and coping strategies have been identified as important determinants of illness-related interpretations and psychological adaptation (Katani et al., 2021; Mendoza-Catalán et al., 2022). The present findings also align with studies suggesting that spirituality-based interventions can improve cognitive and emotional adjustment in psychologically vulnerable populations. For example, religion-oriented cognitive behavioral therapy was found to improve self-compassion and reduce suffering perception among infertile women (Mashak et al., 2021). Likewise, spiritually oriented existential therapy has been associated with enhanced affective capital and psychological well-being in older women (Sartipzadeh et al., 2019).

A possible explanation for the effectiveness of spiritually oriented existential therapy on illness perception is that existential interventions directly target maladaptive beliefs regarding suffering, helplessness, loneliness, and meaninglessness. Individuals with PTSD often experience cognitive distortions related to threat, guilt, hopelessness, and lack of control. Such distorted perceptions intensify emotional suffering and reinforce negative illness beliefs. Existential therapy helps individuals confront unavoidable realities such as uncertainty, vulnerability, and isolation while simultaneously promoting responsibility, authenticity, and personal meaning. The integration of spirituality further strengthens this process by encouraging hope, transcendence, forgiveness, acceptance, and trust in a higher source of meaning. Consequently, participants may reinterpret their suffering not as a sign of personal weakness or permanent damage but as a manageable and meaningful human experience. Previous research has similarly emphasized the role of meaning in life and existential coherence in facilitating psychological adaptation and posttraumatic growth (Ratcliff et al., 2025; Yao et al., 2024).

Another important finding of the present study was the significant increase in personal sense of security among participants receiving spiritually oriented existential therapy. Traumatic experiences frequently damage individuals' subjective sense of safety and trust in the world. Women with PTSD commonly experience chronic fear, hypervigilance, emotional instability, and interpersonal distrust, all of which contribute to diminished psychological security. Furthermore, definitive singlehood may intensify feelings of vulnerability, loneliness, and social insecurity due to cultural expectations and reduced emotional support systems. The improvement observed in personal sense of security suggests that spiritually oriented existential therapy can strengthen emotional stability and restore feelings of safety and psychological balance.

These findings are consistent with previous literature emphasizing the importance of emotional support, resilience, spirituality, and interpersonal connectedness in promoting psychological security and well-being. Research has shown that feelings of safety and emotional belongingness contribute significantly to healthy psychological functioning and emotional adaptation (Fleury et al., 2022; Gil-Lacruz et al., 2019). Studies have also demonstrated that social support plays a mediating role between personality factors and adaptive self-care behaviors (Park et al., 2021). Similarly, emotional resilience and psychological flexibility are associated with lower distress

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and greater emotional stability in individuals facing chronic psychological or medical conditions (Malekan et al., 2021; Tauil et al., 2021). The findings of the present study further support theoretical perspectives emphasizing the role of spirituality and existential meaning in strengthening psychological resilience and emotional security (Haufe et al., 2020; Terao & Satoh, 2022).

The mechanisms underlying the improvement in personal sense of security may be explained through several psychological processes activated during spiritually oriented existential therapy. First, the intervention provided participants with a supportive and accepting therapeutic environment that facilitated emotional expression and reduced feelings of isolation. Existential dialogue encouraged participants to confront their fears and uncertainties directly rather than avoiding them. This process likely reduced chronic emotional tension and promoted greater emotional integration. Second, spiritual practices such as prayer, meditation, gratitude, forgiveness, and self-transcendence may have enhanced participants' sense of inner peace and emotional stability. Spiritual beliefs often provide individuals with a sense of continuity, hope, and connection to a larger existential framework, thereby reducing fear and insecurity. Third, the intervention emphasized interpersonal connectedness, altruism, and compassion, which may have strengthened participants' feelings of belongingness and social acceptance. These factors collectively contributed to enhanced personal security and reduced existential anxiety.

The findings of the present study also support broader theoretical perspectives regarding the relationship between meaning-centered coping and psychological adaptation following trauma. Meaning-making has been identified as one of the most important protective mechanisms against psychological distress and emotional fragmentation. Individuals who can construct meaning from traumatic experiences often demonstrate greater resilience, posttraumatic growth, and emotional recovery. Previous studies have reported that meaning-centered coping mediates the relationship between life satisfaction and posttraumatic outcomes among trauma survivors (Türk et al., 2025). Similarly, meaning in life has been shown to mediate the relationship between social support and posttraumatic growth following stressful experiences (Yao et al., 2024). The present findings extend this literature by demonstrating that spiritually oriented existential therapy can improve not only existential meaning but also illness perception and personal security in women with PTSD and definitive singlehood.

The current results may also be interpreted within the context of healthy aging and psychological well-being models. Contemporary theories of healthy psychological functioning emphasize the importance of emotional resilience, social participation, adaptive coping, spirituality, and existential coherence throughout the lifespan (Jowell et al., 2020; Ory & Smith, 2022). Psychological insecurity and maladaptive illness perceptions are associated with poorer mental health outcomes and reduced quality of life (Abud et al., 2022; Frías-Luque & Toledano-González, 2022). Moreover, chronic stress and unresolved emotional distress may negatively affect biological and psychological functioning over time (Fathi, 2020; Ferrucci et al., 2020). Therefore, interventions that strengthen meaning, resilience, and emotional security may contribute not only to immediate psychological improvement but also to long-term mental health preservation.

Another important implication of the present findings concerns the role of spirituality in psychological interventions. Although conventional therapeutic approaches often focus primarily on symptom reduction, spiritually oriented existential therapy addresses deeper existential concerns such as loneliness, mortality, meaninglessness, guilt, and hopelessness. For individuals experiencing severe trauma and emotional isolation, addressing existential dimensions may be particularly important because trauma frequently disrupts individuals' core assumptions regarding identity, purpose, and safety. Existential-spiritual interventions may therefore provide a more comprehensive therapeutic framework for populations whose distress extends beyond conventional psychopathological symptoms. Previous studies have similarly demonstrated that spirituality-based interventions can improve happiness, resilience, and emotional adjustment among vulnerable populations (Asadi Bijaeyeh et al., 2021; Valizadeh & Parandin, 2022).

The findings of this study should also be considered in light of the cultural and social experiences of women with definitive singlehood. In many cultural contexts, single women may experience societal pressures, stigmatization, and reduced social validation, which can intensify emotional vulnerability and existential distress. Such experiences may exacerbate trauma-related symptoms and undermine personal security. Spiritually oriented existential therapy may be particularly beneficial in these contexts because it emphasizes intrinsic self-worth, meaning beyond social

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roles, and acceptance of personal existence independent of external judgments. Through spiritual and existential exploration, participants may reconstruct a more stable sense of identity and emotional value, thereby improving psychological adaptation and emotional security.

Overall, the present findings indicate that spiritually oriented existential therapy is an effective intervention for improving illness perception and personal sense of security among women with PTSD and definitive singlehood. The intervention appears to facilitate psychological recovery by promoting meaning-making, existential coherence, emotional resilience, self-awareness, spiritual connectedness, and adaptive cognitive restructuring. Given the increasing prevalence of trauma-related psychological disorders and emotional insecurity among vulnerable populations, integrating spirituality and existential principles into psychological interventions may provide a valuable therapeutic approach for enhancing mental health and emotional well-being.

One limitation of the present study was the relatively small sample size, which may restrict the generalizability of the findings to broader populations. In addition, the participants were selected from a single counseling center in Tehran, and cultural or regional differences may influence the applicability of the findings in other settings. Another limitation was the absence of a long-term follow-up assessment to evaluate the durability and stability of treatment effects over time. Furthermore, the use of self-report questionnaires may have increased the likelihood of response bias and socially desirable responding among participants.

Future studies are recommended to employ larger and more diverse samples from different cultural and social backgrounds in order to improve the external validity of the findings. Researchers may also examine the long-term effectiveness of spiritually oriented existential therapy through follow-up assessments conducted several months after intervention completion. Comparative studies investigating the relative effectiveness of spiritually oriented existential therapy and other contemporary therapeutic approaches such as acceptance and commitment therapy, schema therapy, and compassion-focused therapy would also contribute valuable knowledge to the field. In addition, future research may investigate the mediating roles of resilience, meaning in life, spirituality, and social support in explaining therapeutic outcomes.

Mental health professionals and counseling centers may benefit from incorporating spiritually oriented existential interventions into treatment programs designed for women with trauma-related disorders and emotional insecurity. Therapists working with women experiencing PTSD and definitive singlehood should pay greater attention to existential concerns such as loneliness, hopelessness, meaninglessness, and emotional isolation. Developing therapeutic programs that integrate spirituality, meaning-centered coping, emotional resilience training, and interpersonal support may strengthen psychological adaptation and emotional well-being in vulnerable populations. Educational workshops and preventive mental health programs focusing on existential awareness, self-compassion, and emotional security may also help reduce psychological distress and improve quality of life among women facing chronic emotional challenges.

Authors' Contributions

All authors significantly contributed to this study.

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.

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Declaration of Interest

The authors report no conflict of interest.

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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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