Quarterly Journal Fides et Ratio
Issue 4(56)2023, ISSN 2082-7067, Pages 157-166

Spirituality and cancer[1]

https://doi.org/10.34766/fetr.v56i4.1232

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Abstract: The purpose of this article is to provide a detailed characteristic of the spiritual sphere of cancer patients. The considerable relevance of this area, for both theorists and practitioners alike, stems from the patients' quest for purpose in their experience of cancer and the need to cope with the disease on a variety of levels (including emotional). The paper opens with a focus placed on the complexity of the phenomenon described and a presentation of two components of spirituality in the context of the disease: cognitive and emotional. This is followed by a discussion of the terminological inaccuracies involved in defining spirituality and religiousness, noted by researchers and patients. Studies conducted on the correlates of spirituality in cancer patients are reviewed next. The paper presents the results of a number of studies on the relationship between spirituality and patients' mental health. It also outlines the potential mechanisms of the positive impact of spirituality on this sphere, as discussed in the literature, namely: self-regulation, conveying new meanings onto experiences and religious coping. The correlation between spirituality, the demoralisation syndrome and the regulation of desirable and undesirable emotions is then discussed. Attention is also given to risks related to spirituality and mental health. The aim of this article was also to discuss the relationship between spirituality and physical health, which is a topic much less frequently addressed by researchers. The results of studies in this area are not clear-cut. Other studies analysed the focus on spirituality and the quality of life in cancer patients. The results indicating a positive dependency between spirituality and quality of life and those proving the opposite direction of this relationship are both outlined. Emphasis is placed on this correlation in end-of-life patients, who often experience spiritual pain. Barriers related to addressing spiritual matters in the patient-medical personnel dyad are also discussed. Furthermore, the article addresses the complex aspect of spirituality in relation to cancer patients in remission. The paper closes with the results of research on the importance of spirituality to informal caregivers of cancer patients. As in the case of patients, both positive and negative aspects of the issue in question are then itemised.
Keywords: cancer, informal carer, mental health, quality of life, spirituality

Introduction

When examining the psychological functioning of cancer patients, the spiritual dimension, which plays a vital role in every culture, must not be overlooked (Nuraini et al., 2018; Wildes et al., 2009; Yan et al., 2019). The heightened importance of spirituality results from patients' attempts to redefine the meaning of life, which alters after the diagnosis (Ferrel et al., 2003). Numerous studies have shown that cancer patients demonstrate high levels of spirituality (Al-Natour et al., 2017; Gudenkauf et al., 2019; Tasan and Citlik Saritas, 2022). They focus on it at every stage of the disease – from diagnosis to the end-of-life stage or remission (Mercier et al., 2023). It should be noted, however, that a cancer diagnosis may either strengthen or weaken the patients' spirituality (Levine et al., 2007). Both younger (Proserpio et al., 2020) and older (Levine et al., 2007) people pose numerous questions in relation to spirituality. During their conversations with the chaplain, they seek answers to questions about God's lack of intervention in their treatment, the meaning of the pain they are experiencing, why they became ill or what will happen to them after death. For this reason, researchers emphasise the need to integrate the focus on spirituality into the interdisciplinary model of cancer patient care (Leão et al., 2021), as many patients indicate that their spiritual needs are not sufficiently met by either the religious community or the medical personnel (Balboni et al., 2007).

1 Article in polish language: Duchowość w chorobie nowotworowej, https://www.stowarzyszeniefidesetratio.pl/fer/2023_4Pale.pdf

Spirituality in the context of cancer has at least two components: cognitive and affective (Garssen et al., 2015). Patients perceive cancer in a way that enables them to see sense in the experience. Their suffering, therefore, takes on a new meaning, which would be difficult for them to find without making a reference to spirituality. This allows them to look at their current situation from a certain viewpoint and accept it. Research conducted by Toledo et al. (2021) demonstrated that a sense of purpose and meaning derived from the female patients' spiritual beliefs helped them understand the fact of receiving the diagnosis. The affective component, on the other hand, manifests itself via the following: experiencing support from a spiritual (often metaphysical) guide, acknowledging unwanted emotions, which evokes a sense of relief, allowing difficult emotions to be expressed, and strengthening bonds with other followers of a particular religion (Garssen et al., 2015).

1. Religiousness and spirituality

Addressing the concept of spirituality necessitates the introduction of terminological order. It is particularly important, although not entirely possible, to differentiate between spirituality and religiousness. At times, these concepts are used interchangeably, which may lead to methodological difficulties (Kelly et al., 2023) and make creating a method for measuring these variables more demanding (Vachon, 2008). Stefanek et al. (2005), on the other hand, stipulate that spirituality refers to existential aspects and is more individual in nature, whereas religiousness is related to specific institutions and is more structured. Puchalski et al. (2014) relate to humanity's inner and dynamic dimension when defining spirituality. They point to the quest for purpose, meaning and transcendence and experiencing relations with oneself, others and nature. Steinhauser et al. (2017) place focus on the search for meaning and purpose, which may but does not have to be associated with the divine dimension. Bearing in mind the broad understanding of spirituality, it is worth noting that caring for spiritual needs is not solely the responsibility of the chaplain but should involve all medical personnel (Amoah, 2011). According to some researchers, spirituality is a broader concept than religiousness, and religious practices are part of it (Richardson, 2012) – this is how spirituality will be understood in this article.

Importantly, not only researchers but also patients understand spirituality in a variety of ways. In a study by Leão et al. (2021), female patients indicated that for them, the spiritual dimension was connected to a new objective in life, or they treated spirituality as a method to find this objective. Some of them associated spirituality with the religious dimension.

2. Spirituality and mental and physical health

The spirituality and, primarily, religiousness of oncology patients are frequently analysed in the context of mental health. A limited degree of spirituality is associated with poorer mental health and vice versa (Hulett et al., 2022; Krupski et al., 2006; Salsman et al., 2015). According to James and Wells (2002), religion affects the mental health of patients in two ways. On the one hand, it is a type of self-regulatory mechanism which allows patients to direct their thoughts and attention towards particular aspects, away from undesirable topics. On the other hand, patients may interpret different experiences by giving them a meaning that would be difficult to grasp without a religious context. Pargament et al. (1999; Pargament et al., 2000) point to religious coping, which may be primary or secondary in nature (see also Garssen et al., 2015). To begin with, patients' actions aim to alter their current situation (for example, they pray for God's aid in their recovery). In contrast, secondary religious coping encompasses religious practices that reduce emotional distress or actions needed to reformulate one's own beliefs about a particular situation (for example, "this is God's will"). Some studies (Arbinaga et al., 2021) found that spirituality was a significant predictor of active coping and a negative predictor of maladaptive coping with the disease. It also affects the mental resilience of patients (Yıldırım Üşenmez et al., 2023). It manifests itself in the use of diverse spiritual resources, such as praying to God or meditating (Mkuu et al., 2021), and is a common phenomenon (McKinley et al., 2020).

Demoralisation syndrome is an important factor in the context of patients' spirituality and mental health[2]. It is characterised by the experience of emotional distress, which comprises a sense of hopelessness and losing a sense of meaning and purpose in one's life (Clarke and Kissane, 2002). Its other symptoms include the perceived lack of social support and the inability to change one's method of reacting (Basińska, 2021). Garcia et al. (2023) indicate that spirituality and demoralisation approached in this way may be negatively related. Such a hypothesis was put forward by researchers who referred to their studies. They observed that the state of such demoralisation strengthens with the approach of death and that experiencing spiritual well-being is a protective factor. Moreover, unmet spiritual needs can exacerbate the loss of morale and tenacity and, therefore, the state of demoralisation. Similar results were arrived at by Tasan and Citlik Saritas (2022). They established that the feeling of hopelessness in patients decreased as their level of spirituality increased. Other studies found that individuals who engage in religious coping and have higher rates of spirituality demonstrate more hope (Atlas and Hart, 2023; Sharif et al., 2021). Lagman et al. (2014), on the other hand, showed that prayer provides patients with peace of mind. They attach great importance to their own prayers and to those made by other people.

Spirituality plays a crucial role in regulating emotions. Engagement with the spiritual realm is associated with lower emotional distress (Agarwal et al., 2020) even one year after the initial observation (Gudenkauf et al., 2019). Miller et al. (2022) found that the higher the levels of spirituality in patients, the lower the levels of depression. In a study by Garssen et al. (2015), patients were shown to experience a particularly high degree of support thanks to their belief that they were receiving comfort from God, who listened to them. Patients who draw closer to God demonstrate greater emotional well-being, while those who distance themselves from God show lower emotional well-being (Nuraini et al., 2018). A study by Sterba et al. (2014) noted that patients characterised by strong faith were comforted by the belief that God would not burden them with more than they could carry.

Different types of emotions can also be directed towards God or other higher powers. Often, it is rage and anger combined with the question 'why me' (Levine et al., 2007). This question is frequently asked by people who hold the conviction that they are leading a good life and that there is no reason to have their faith put to the test. Although numerous studies have shown positive consequences of looking after patients' spirituality, it should be emphasised that patients also frequently experience spiritual distress. It primarily accompanies patients starting their treatment (Martins et al., 2021). According to a study by Mako et al. (2006), spiritual distress was reported by more than 90% of patients. Spiritual suffering manifested itself in experiencing intrapsychic conflicts, feelings of loss and conflicts in the interpersonal area or in the patients' relationship with God. Moreover, its severity was related to the severity of depressive symptoms, while its relationship with physical pain and the acuteness of the disease was not demonstrated. Mkuu et al. (2021) observed that one of the symptoms of cancer patients' emotional crisis were doubts in the sphere of spirituality. Patients try to make sense of their illness and interpret their emotional distress using categories of religion, while their trust in God diminishes or they experience a complete lack of faith.

Visser et al. (2010) conducted a literature review seeking to analyse the relationship between spirituality and well-being. Such a relationship was confirmed in more than 85% of the analysed publications, with mixed results reported in several longitudinal studies. Importantly, the researchers emphasise that certain limitations prevent concrete conclusions from being drawn. They focus their attention primarily on methodological aspects, as some statements used in

2 Despite the widely acknowledged narrow meaning of the word "demoralisation", its dictionary definitions allow it to be understood also as a description of a mental state in which a person has lost confidence in their success and the strength to endure the hardships related to having to carry out daily tasks and the sense of responsibility for their completion. The way in which it is currently understood makes it possible to define demoralisation as a loss of morale and fortitude, as a mental state involving a lack of optimism and trust, both in oneself and in other people (Basińska, 2021).

tools for assessing spirituality overlap with those used in tools for verifying emotional well-being. In consequence, the researchers recommend conducting more studies using tools that do not contain such similar content.

Although a rich spiritual life of patients is linked to numerous benefits for mental health, focusing on its advancement as a response to a diagnosis may not produce such results. Gall et al. (2009) established that women who have limited interest in the matters of spirituality before falling ill and who, as a result of their diagnosis, try to veer towards spirituality might experience a variety of uncertainties in this area. Such dilemmas may result in maladaptation to the situation of being ill.

The way spirituality is perceived by patients may depend on their attitude to the situation in which they find themselves having contracted a life-threatening illness. Kübler-Ross (1998) identified five phases in the emotional-spiritual development of seriously ill patients: denial and isolation, anger, bargaining, depression, and acceptance. In the course of the anger phase, patients may address the 'Why me'? question to God, while in the bargaining phase, they may try to negotiate the possibility of living a longer life. Importantly, each phase may be accompanied by hope related to a positive outcome or finding meaning (Pater, 2015). Majda et al. (2022), who demonstrated a negative relationship between spirituality and patients' quality of life, explain this result by referring to changes in patients' perception of their situation. In their opinion, health improvement may lead to the extinction of the need to entrust one's health to God or another higher power.

Considerably fewer studies have been conducted on the dependency of the spirituality of oncology patients on their physical health (Almaraz et al., 2022). In men with prostate cancer, low levels of spirituality are associated with decreased sexual function and more acute urinary problems (Krupski et al., 2006). Neves et al. (2023), based on a review of thirty case reports, established a relationship between spirituality and better medical test results in patients with prostate cancer. The researchers emphasise that the current state of research is insufficient to determine whether it is spirituality that contributes to better health or whether better health enhances spirituality in patients. Jim et al. (2015) performed a meta-analysis of data sourced from studies comprising a total of more than thirty thousand patients. Religiousness/spirituality was shown to be associated with better health as perceived by patients. A question that should be asked, however, is connected to the relationship between the spirituality of patients and the objective indicators of physical health. Miller et al. (2022) established that the higher the levels of patients' spirituality, the lower the levels of fatigue and sleep disturbance. More diversified results were reported by Almaraz et al. (2022), who, based on their review of the literature, found a typical positive relationship between spirituality and physical health of the patients, while few studies observed the lack of such a relationship or a negative relationship.

3. Spirituality and the quality of life

Several studies demonstrated that spirituality is associated with patients' quality of life (Brandão et al., 2021; Kamijo, Miyamura, 2020; Sharif et al., 2021; Zare et al., 2019), regardless of sociodemographic or disease factors (Dos Reis et al., 2020). Most researchers agree that the more developed the area of spirituality in patients, the higher their quality of life. Therefore, this indicates that developing the spiritual realm may prove beneficial for many dimensions of patients' quality of life (Al-Natour et al., 2017), while further research in this area is necessary (Yosep et al., 2022).

The issue of spirituality becomes particularly relevant in the advanced stages of the disease (Kelly et al., 2023; Piderman et al., 2015), and therefore, especially during this period, it is recommended to assess spiritual suffering and identify spiritual needs in patients (Piderman et al., 2015). A study of this type was conducted by Bovero et al. (2016) in cancer patients with four months or less to live according to their prognosis. Such an assessment was proven to be a significant predictor of the quality of life, with faith playing a particularly significant role. Patients are also known to retain their hope as well as their belief in

the sense and meaning of life through religious practices (Silva et al., 2023). In a study by Delgado-Guay et al. (2011), patients in palliative care pointed to spirituality as a vital method of coping with their illness. They also defined it as a source of strength and solace. Some patients, however, admitted experiencing spiritual pain, understood as non-physical pain emanating from the soul. The greater its severity in patients, the lower they rated their spirituality and religiousness. According to the researchers, a lack of established spiritual and religious support can amplify spiritual pain but, on the other hand, acute spiritual pain resulting from an illness can result in questioning one's faith. Patients themselves reported that the experience of spiritual pain worsened their physical and emotional functioning.

4. Obstacles to discussions of spirituality

Both health service professionals and patients themselves find talking about matters of spirituality exceptionally challenging. When considering patients' spiritual needs, it is necessary to take into account their willingness to talk about this topic (Ghaempanah et al., 2023). Merath et al. (2020) asked patients about their preparedness to converse about spiritual aspects during a medical visit. Approximately 20% of the respondents expressed a preference to have such a discussion with medical personnel, while almost 50% preferred talking to a family member or a friend. Some respondents explicitly pointed out that caring for spiritual needs is not the responsibility of health professionals. The patients' approach to faith also plays an important role. Some patients draw a clear line between medicine and religion, while others see doctors as 'possessors of the gift of healing received from God' (Cipriano-Steffens et al., 2020; Sterba et al., 2014). In the study by Lagman et al. (2014), female patients believed that God and prayers undertaken by other people had healing power.

Spiritual matters also pose a considerable challenge to medical personnel. Doctors do not address such topics in every consultation they conduct (Best et al., 2019). They emphasise their low competencies in conducting conversations about spiritual aspects and the lack of adequate training (Bar-Sela et al., 2019), so they prefer referring patients to the chaplain (Best et al., 2016). Similar difficulties are observed in relation to nurses. In the study by Zumstein-Shahy et al. (2020), nurses were aware of the importance of spirituality for cancer patients, but they often found it difficult or discomforting to talk about such issues. They paid particular attention to their insufficient abilities to choose the right words or converse on this topic. Some of them consider this area private and not suited as a subject matter of a conversation. Van Meurs et al. (2018) arrived at identical conclusions. In this study, nurses quoted the lack of time, a different way of thinking and their reticence on the subject as obstacles to talking about spiritual matters.

5. Spirituality of cancer survivors

Spirituality is also significant for convalescents. For many, it is a source of comfort (Préau et al., 2013). It is also associated with less acute concerns relating to disease relapse (Cannon et al., 2011). Spirituality provides guidance on life after illness and facilitates recovery (Sterba et al., 2014). On the one hand, convalescents reinforce their relationship with God through their conviction of God's role in their healing (Hamilton et al., 2007). On the other hand, the experience of cancer can lead to a spiritual crisis and doubt in God (Levine et al., 2007). In the study by Lynn Gall and Cornblatt (2002), female breast cancer survivors were asked to describe their beliefs about the role of spirituality in their adaptation to the disease. The researchers conducted a qualitative analysis of the narratives obtained and developed a so-called cognitive model of adjustment. According to this model, the relationship with God, religious activities and social support play a key role in conveying new meanings onto experiences and in the course of personal development after the disease. Spiritual beliefs become an important resource in the adaptation process, as they help reduce emotional distress and increase the peace of mind of convalescents. The patients felt that their

relationship with God and the conducted dialogue strengthened their resolve and self-confidence and provided guidance in making life decisions.

Spirituality also has an impact on the convalescents' quality of life. Cannon et al. (2022) investigated the relationship between spirituality and the quality of life related to the physical and mental spheres. Variables were measured at the time of the study, six months and then twelve months later. Spirituality was found to play a vital role in improving the quality of life in both spheres. Moreover, spirituality is associated with post-traumatic growth (Domanowska et al., 2018; Wang et al., 2023), i.e. positive changes resulting from coping with a traumatic experience (Tedeschi and Calhoun, 2007). On the one hand, spirituality is a crucial predictor of post-traumatic growth (Bussell and Naus, 2010; Oh et al., 2021), while on the other, post-traumatic growth can be a source of spiritual transformation (Domanowska et al., 2018).

6. Spirituality of informal carers

A cancer diagnosis is also a challenging experience for the relatives of patients, who often assume the role of informal carers. The spirituality of informal carers has a multidimensional nature. As a result of spending time with someone close to them who is sick, they redefine the meaning of their own life and suffering and assign meaning to their role (Benites et al., 2021a). Becoming involved in religious practices also allows them to cope with the death of loved ones (Lövgren et al., 2019). The study by Benites et al. (2021b) indicates that acting as a carer at the end of a loved one's life can be a life-changing experience. Colgrove et al. (2007) focused on the complex relationship between stress, spirituality and carers' health. The researchers found that the negative impact of stress on carers' mental health was of a lower degree than in carers with a higher level of spirituality. On the other hand, stress was associated with poorer physical health in people with a high degree of spirituality. This means that informal carers with high levels of spirituality have better mental health and worse physical health than carers with low levels of spirituality. As reported by the researchers, such a correlation may stem from the fact that caregiving may be perceived by these carers as one of the responsibilities arising out of their spiritual convictions. The fulfilment of such a responsibility may involve neglecting one's own physical health.

Nemati et al. (2017) dedicated their research to assessing the spiritual challenges faced by informal caregivers. Firstly, they may undergo a spiritual crisis. Those close to the cancer patient begin to ask God about the reason for the illness affecting the family. This causes the disease to be interpreted as divine retribution or leads to doubts in God's justice, which may result in a loosening of the relationship with God as a kind of 'retaliation' for not fulfilling one's requests. Such sentiments are quoted, among others, by parents of sick children (Atashzadeh-Shoorideh et al., 2018). Secondly, informal carers sometimes express disappointment that their prayers have not been answered and that they themselves are unnoticed by God. Informal caregivers also experience existential distress expressed through losing a sense of one's purpose in life, feeling abandoned by God, feelings of isolation and helplessness and the fear of the imminent death of a loved one (Benites et al., 2021a). Moreover, in a similar way to the patients, the carers may develop a demoralisation syndrome associated with spiritual suffering (Garcia et al., 2023). Some carers, on the other hand, are convinced of God's presence and protection, and illness only serves to reinforce their trust. Such a sense of God's continued presence strengthens their inner peace (Nemati et al., 2017). Similar conclusions were reached by Paiva et al. (2015). In their study, carers highlighted the role of faith in retaining the strength necessary to cope with a loved one's illness. They admitted to using faith to alleviate the pain caused by the disease and the approaching death of a loved one. They also emphasised that their caregiving role prevents them from participating in various religious practices, so instead, they try to nurture their inner spirituality. Furthermore, through seeing the fragility of a loved one's life, the carers strive to redefine the purpose of their life by turning their focus towards the small things.

Conclusion

Cancer presents patients with multiple challenges. One such challenge is the wavering of or losing the sense of purpose in life. For many patients, the sphere of spirituality becomes a way of coping with the illness. Regardless of the theoretical debate conducted by researchers with regard to defining the concept of spirituality and its relation to the concept of religiousness, it should be noted that the search for life's meaning and purpose and faith alike are crucial aspects of the functioning of many cancer patients. The role of spirituality in the lives of patients can be analysed on two levels: cognitive (giving life a new meaning) and affective (coping with emotions triggered by the illness). The dependency between becoming ill and spirituality is, on the other hand, quite complex. Whether and in what way patients relate to spiritual issues will depend on what stage of emotional-spiritual development they are at, in line with the concept created by E. Kübler-Ross.

The attitude of patients towards spirituality is dependent on the disease stage.

For some people, the disease becomes a motivation to turn to spirituality, while for others, it contributes to the wavering or dissipation of their spirituality. The area to which most attention has been paid by researchers is that of the relationship between the spiritual sphere and the mental health of cancer patients. Numerous studies confirmed this relationship to be positive. Spirituality is associated with a lower loss of fortitude, i.e. demoralisation. It performs a function in regulating emotions, with religious coping playing a particularly important role. Spirituality may also be a source of unwanted emotions and may reinforce emotional distress, mainly anxiety and spiritual pain. Emotional reactions of patients are connected to the patients' current stage of the disease. Much less research has been dedicated to the correlation between spirituality and physical health. It seems that drawing conclusions in this area is not possible at present. Numerous studies identified a positive relationship between patients' spirituality and their quality of life, although not all researchers confirm this particular dependency. A number of obstacles to addressing spirituality in the patient-medical personnel relationship were also determined. This is primarily a question of patients' readiness to engage in such conversations or their approach to spiritual matters, but also a lack of willingness or a feeling of a lack of competencies in this area on the part of healthcare professionals. Spirituality's positive and negative role is also observed in informal caregivers of patients. On the one hand, it helps them find the purpose of the new role they are taking on, while on the other, it causes them to experience an emotional crisis. Spirituality is also important to cancer patients in remission. Here, too, its positive and negative consequences are observed.

The research findings presented should be of particular relevance to patients' friends and families as well as the medical personnel. Placing emphasis on the spiritual sphere of patients in interdisciplinary, formal and informal care should be the norm. At the same time, the advancement of studies on the relationship between patients' spirituality and their physical and psychological health requires a suitable methodological regime and a clear definition of the variables measured.

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