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God, cancer, and the good life: An investigation into the effectiveness of a spiritual/religious intervention on coping and well-being of cancer patients

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Abstract

In light of the high prevalence of breast cancer and the importance of addressing spirituality/religious issues in clinical care, the present study sought to investigate the effectiveness of a spiritual/religious intervention on religious coping and psychological well-being in women with breast cancer. A quasi-experimental with pre-test and post-test design and a control group was conducted in a sample of 60 Iranian breast cancer patients. Pargament's 14-item Brief RCOPE and 6-dimentional Ryff's Psychological Well-being Scales were administered at baseline and follow-up. Research data were analyzed using an analysis of covariance. Results indicate that the spiritual/religious intervention was effective in increasing positive religious coping and reducing negative religious coping, although there was no effect on psychological well-being.

Introduction

The prevalence of chronic diseases such as cancer is increasing worldwide. An estimated 19.3 million new cancer cases occurred in 2020 [1]. The increase in cancer cases has also been significant in Iran. For example, 13,776 new cases of breast cancer were diagnosed in Iran in 2020 [2]. Breast cancer causes problems for the patient in communicating, maintaining an independent lifestyle, and carrying out their responsibilities [3]. Cancer patients may pay particular attention to disability and death, which may initiate a search process for the meaning and purpose of life [4]. This process encourages patients to meditate and search internally to find a source of coping [5]. Breast cancer often stipulates many questions about the purpose of life, meaning of life, and the values that are important to the patient [6]. These questions may not be easy to answer, but to ignore them is contrary to the professional, ethical practice, and does not show respect for the patient's dignity [7]. Spirituality/religion (S/R)[1] is an important way that many deal with disease and life stressors, and may act as a shield against these perceived events [8] serving as an important coping strategy [9].

Recent studies on coping strategies in cancer patients indicate that S/R interventions may have a positive effect on coping, adapting to the disease, and reducing anxiety and depression [10, 11]. In line with these findings, patients who receive pastoral care to health cope with their cancer spirits greater psychological well-being [12].

S/R can influence health and well-being through cognitive, social, and emotional pathways such as meaning in life, hope, optimism, perceived social support, and a decrease in death anxiety [13]. Patients who receive S/R support have better communication with other, and may help them face their illness [14]. Consistent with these results is that the sense of a connection with a transcendent source and inner relationship with a higher power may help them find meaning in their pain and suffering [15]. Feelings of intimacy and the possibility of understanding by a sacred S/R source, unconditional acceptance, and inner S/R conversations may enhance the personal growth of patients, thereby making hardships of the disease more bearable and providing the illness with meaningful and purposeful [16]. These existential considerations may contribute to the psychological well-being of women with breast cancer. Evidence

suggests that holistic care should be considered when caring for patients with chronic and acute illnesses in general, but particularly for those with breast cancer who have reported problems related to questioning their S/R values and faith [3].

There are challenges in implementing an S/R intervention model to address breast cancer patients' S/R problems. One challenge is that spirituality may be understood in many ways, and factors such as age, ethnicity, gender, and culture influence how it is manifested. The present study sought to examine the impact of an S/R intervention on spiritual/religious coping and psychological well-being in women with breast cancer. The goal was to determine whether an S/R intervention based on spiritual problems of Iranian women with breast cancer could improve psychological well-being and spiritual/religious coping.

[1]. In this study, spirituality is perceived through the lens of Islamic religious tradition in Iran, therefore the terms “religion” and “spirituality” are used interchangeably.

Method

Participants for this quasi-experimental study were 60 patients recruited from three units of two hospitals in Tehran, Iran. Participants were randomized to either the intervention or a control group. Inclusion criteria were permission from their oncologist, primary or recurrent non-metastatic breast cancer (stages 0–3) diagnosed in the past ten years, ability to speak, read, and understand Persian/Farsi, written informed consent to participate in the study, at least six months from the start of treatment, at least one course of chemotherapy, no use of psychological services, the existence of spiritual/religious problems and struggles after the onset of illness (based on the initial interview), no use of any psychiatric medication, and stable medical condition. After receiving complete information about the study and its objectives, all participants took the pre-test and completed the ethics consent. Ethical approval for this study was obtained from the Iran University of Medical Sciences (IR.IUMS.REC.1398.489). Participants completed the outcome questionnaires before and after the intervention.

Brief RCOPE. The Brief RCOPE measures the level of religious coping with adverse events in life [17]. This scale includes 14 items and 2 subscales that assess positive and negative religious coping. The scoring method for each question involves four options ranging from not at all (0) to a great deal (3). This scale’s reliability and validity have been demonstrated in an Iranian population [18].

Ryff’s Psychological Well-being Scales. Ryff’s most frequently used eudaimonic well-being measure consists of 18 items and six subscales: self-acceptance, environmental mastery, positive relations with others, purpose in life, personal growth, and autonomy [19]. Reliability and validity of the Persian version of this measure have been vetted among Iranian populations [20].

The Spiritual/Religious Intervention

The S/R intervention involved (1) answering questions about the S/R cause of the disease; (2) helping the participant distinguish between divine justice and simply getting sick; (3) inquiring about the participant’s

attitude towards God and its effect on how they viewed their cancer; (4) exploring feelings about God and their relationship with God; (5) identifying those S/R beliefs that may have been weakened and replacing them with more accepting beliefs; and (6) emphasizing daily efforts to communicate with God. The intervention, outlined in Table 1 consisted of 6 to 8 sessions of individual treatment, usually lasting about 45-minutes each, once per week. The intervention was conducted by a trained psychologist. The S/R intervention program was implemented in a flexible manner depending on the participant's physical health condition.

Table 1
Spiritual/religious problems and intervention

Spiritual/Religious problems		Intervention purposes	Intervention strategies
Questioning S/R values	Looking for spiritual causes for the disease	Address the question of the S/R cause of the disease	Expressing the general law of God for the creation and the universe Explaining the disease from the perspective of religious texts Facilitating and encouraging repentance and seeking forgiveness when feeling true guilt Expressing the troubles and sicknesses of the Fourteen Infallible, prophets, and mystics Discussing about the role of patient in the process of illness Discovering the meaning of the patient's unique illness (finding the meaning of life events) and God's place in that illness
	Questioning the justice of God	Distinguishing between divine justice and simply getting sick	Asking the patient to express her life's great events Spiritual/religious storytelling about the wisdom and causes of events Asking patient to provide examples of divine justice and fairness Asking patient about the permanence of mundane world and the stability of life
	Having a deal with God	Describing patient's attitude towards God and its effect on viewing the disease	Reviewing the patient's life experience regarding her belief in God and discovering how it is affecting her current beliefs. Inquiry about the reason of praying or not praying and accepting religious do's and don'ts Discussing human's lack of knowledge about future and real causes of things Presenting examples of different people and the way they made requests from God. Discussion about pray and how it is being answered Referring patients' concerns to planning and relying on God

Spiritual/Religious problems		Intervention purposes	Intervention strategies
Losing faith or questioning faith	Lack of intimacy with God	Explaining feelings and emotional relationship with God	Expressing empathy with the patient in experiencing feelings towards God; naming and reflecting on emotions and feelings (especially anger) Helping patients to examine and identify their feelings about God Encouraging patients to talk to God and express their feelings to Him (without the presence of other people) Emphasizing the fact that generosity, forgiveness, and love for anyone who expresses their remorse are characteristics of the divine power Strengthening and recalling positive experiences Discussing religious scriptures on not complaining to God; expressing the rationality of S/R and the right to express one's feelings to God during sickness discussing the fact that God accepts people according to their capacities and circumstances; describing the attitude of holy texts towards the patient Encouraging connection to the Infallibles as those who have a common experience with the patient Discovering the causes of the patient's emotions towards S/R beliefs and rituals after the sickness

Spiritual/Religious problems		Intervention purposes	Intervention strategies
	Weakness of S/R beliefs	Identifying S/R beliefs that have been weakened and replacing them with accepting beliefs	Helping clients identify beliefs that have been weakened by illness Describing the stages of spiritual growth during life Identifying S/R conflicts with society Perceiving the disease as a nudge for a new attitude, asking patient about her decision to resolve the conflicts Asking patients to express their concerns about the S/R situation; confirming patient's reflection on the beliefs; discussing on the steps of faith and necessity of doubts Benefiting from religious teachings according to personal needs and need to achieve a state of peace, regardless of misunderstandings and misusing of others
	Weakness of S/R rituals	Using daily efforts to communicate with God	Suggesting the conduct of religious rituals or prayers to the extent of the patient's ability in reviewing this experience with her Saying which S/R actions have been omitted; expressing feelings about leaving out those actions; and discussing the patient's heart's desire Encouraging patients to perform their desired spiritual practices Describing the importance of intention based on religious texts and describing how rituals may be performed during sickness Asking about ways of communicating with God, and discussing types of worship Asking about the benefits and drawbacks of S/R practices Asking patient to have an inner conversation with God Encouraging patients to participate in group S/R activities and being with others

Results

The age range of participants in the two groups was between 27 and 78 years, with an average of 50 years for the intervention group and 48 years for the control group. All patients were Muslim; most were

housewives with an undergraduate level education (see Table 2). To analyze the findings, both groups' mean and standard deviation are first calculated and shown in Table 3.

Table 2
Demographic characteristics of participants by group assignment

Variables		Intervention group n = 30	Control group n = 30
Age: Mean ± SD		50.53 ± 11.48	48.53 ± 10.75
Max & Min		27–78	31–68
Marital status	Single	0	2
	Married	28	26
	Divorced	2	2
Education	Primary	18	12
	Diploma	8	16
	Bachelor	4	1
	Postgraduate	0	1
Occupation status	Employed	3	0
	Housewife	26	29
	Disabled	1	1
Place of living	Tehran	24	22
	Other cities	6	8
Hospital	Firozgar	25	7
	Hazrat Rasoul	5	23

Table 3
Mean and standard deviation of pre-test and post-test scores of religious coping and psychological well-being

		M (SD)	
Variables	**Group**	**Pre-test**	**Post-test**
Negative religious coping	Intervention	10.8(4.35)	3.50(2.80)
	Control	10.7(4.89)	10.16(3.89)
Positive religious coping	Intervention	8.40(5.09)	14.06(4.26)
	Control	6.83(4.79)	7.43(4.13)
Autonomy	Intervention	10.36(2.02)	10.40(1.65)
	Control	10.53(2.04)	9.83(2.08)
Environmental mastery	Intervention	9.60(1.95)	10.90(1.42)
	Control	8.93(2.61)	11.36(2.09)
Personal growth	Intervention	10.80(1.88)	10.40(1.19)
	Control	10.70(2.01)	9.96(1.67)
Positive relations with others	Intervention	10.93(2.66)	10.00(1.46)
	Control	10.10(2.65)	10.66(2.36)
Purpose in life	Intervention	10.96(1.02)	10.76(2.07)
	Control	10.30(2.03)	10.2(1.82)
Self-acceptance	Intervention	10.10(3.04)	11.13(1.33)
	Control	10.06(3.81)	10.56(1.65)

Univariate and Multivariate Analysis of Covariance was used to investigate the research question. The assumptions of analysis of covariance (Box's M test, Bartlett's test, and Levene's test) were first investigated and confirmed. The results show that the linear combination of dependent variables (psychological well-being) in the post-test stage with controlling the effect of the pre-test is not significantly different between the two groups.

To investigate the effectiveness of spiritual/religious intervention in a patient's psychological well-being and religious coping, the inter-subject effects related to multivariate analysis of covariance were used. There was no significant difference between the two groups in the post-test stage. However, there was a significant decrease in the scores of negative religious coping and an increase in the scores of positive religious coping in the intervention group compared to the control group (Tables 4).

Table 4
Analysis of covariance of psychological well-being and religious coping involving the two groups at post-test

Dependent variables	Sum of squares	Degree of freedom	F	p-value	Partial square	Test Power
Autonomy	2.79	1	0.90	0.34	0.01	0.15
Environmental mastery	3.14	1	0.96	0.33	0.01	0.16
Personal growth	2.63	1	1.23	0.27	0.02	0.19
Positive relations with others	3.43	1	1.1	0.28	0.02	0.18
Purpose in life	2.95	1	0.84	0.36	0.01	0.14
Self-acceptance	3.58	1	1.68	0.20	0.02	0.24
Negative religious coping	670.19	1	60.90	0. 01	0.57	1.00
Positive religious coping	484.86	1	47.57	0. 01	0.45	1.00

Discussion

This study sought to examine the effect of a spiritual/religious intervention, designed especially for Iranian Muslim women with breast cancer, on their psychological well-being and S/R coping. Results indicated that the intervention may be a way to increase positive S/R coping and reduce negative S/R coping among women with breast cancer. This suggests that this S/R intervention may change the way these patients deal with religious/spiritual matters. However, the S/R intervention did not affect participants' psychological well-being compared to the control group.

The S/R interventions helped patients to understand their S/R challenges and needs, and in this way helped them to engage in positive coping when facing their illness and related S/R concerns. Interventions such as the present one have sought to increases patients' awareness of spirituality, its domains and values, and help them to recognize and evaluate their spiritual needs [5]. In the face of cancer, patients experience spiritual struggles, including existential worries, frustrations, conflicting beliefs, anger at God, and feelings of abandonment by God [21, 4]. Because of this, S/R care interventions are needed to address these issues [22, 23]. In this intervention, patient's S/R problems (such as S/R reasons for their cancer, inability to answer the question of justice, and the ineffectiveness of their past actions) were discussed. In addition to greater awareness and recognition of their emotions, patients acquired new knowledge and attitudes that help them to accept their illness based on their holy scriptures. In this way, patients developed more comprehensive answers to these S/R questions and concerns. This intervention model is consistent with those used to solve problems through which the patient manages a challenging situation through behavioral and cognitive changes [24]. Following the

intervention, patients were more able to find practical solutions and specific answers to questions that weaken their faith and adversely affected their intimacy with God.

Belief systems and culture are essential aspects of S/R interventions and ways of caring for these patients. This intervention approach is consistent with the culture and beliefs of Iranian Muslims and uses schemas and narratives that are familiar to them and thus more effective. Positive S/R coping through faith in God may generate positive thoughts that help patients to deal more effectively with stressful experiences especially when dealing with life threatening diseases such as cancer [10].

According to sacred Islamic texts, painful experience of having disease such as cancer is considered part of divine order and wisdom, leading the patient into a closer and more intimate relationship with God [25]. While confirming and acknowledging the patient's previous good deeds (important in Islam), this program helps to redefine religious duties and makes conducting such duties a goal.

Participants in this program talked about how to pray and how prayers are answered according to the sacred texts of Islam and their cultural beliefs. This S/R intervention encourages patients to actively participate in the program, and may help to enhance positive forms of coping and reduce negative spiritual that may adversely affect their mental and possibly even physical health [4, 26].

The Qur'an emphasizes that humans are often shortsighted and may not be able to see the divine wisdom in life's difficulties, particularly physical illnesses. When breast cancer strikes, this may cause women to re-evaluate their belief systems as they confront the illness, seeing it as a test of how strong their faith is and learning humility from it, relying entirely on God. Helping patients understand that, as this intervention sought to do, may enable them to find meaning in their illness and learn important lessons that Muslims believe God is trying to teach them. This may help breast cancer patients to accept their illness, and perhaps even help them to realize that this experience of having breast cancer may be one of the best things that ever happened to them (Qur'an 2:155–157; 6:42; 21:35) [27].

Religion is still considered one of the most important ways that individuals cope when dealing with adversities such as cancer [5]. According to stress and coping theory, religion as a source of support is effective in reducing stress, to the extent that positive religious coping can shape transcendent relationships and meaning in life [23]. As noted above, this intervention emphasized the need to reflect on religious beliefs and use them in a healthy manner. They were encouraged to engage in their faith as a valued resource despite hesitation and doubt, thereby strengthening their S/R beliefs and practices that led to greater spiritual support.

The cognitive, behavioral, and spiritual experiences are the focus of this intervention. The cognitive element is represented by helping the individual find meaning in their illness. The behavioral component includes worship and other S/R activities. The spiritual element involves helping the person experience more hope, love, and acceptance of their illness. Worship and prayer have been found effective for relieving distress in many studies [28]. Addressing misconceptions about the cause of illness, meditating on religious texts, and discussing the importance of worship and doing good deeds may help to support

and preserve patients' S/R beliefs and values. Trusting and seeking understanding of divine wisdom, and being patient are important coping strategies when dealing with an illness such as breast cancer.

Repairing the emotional connection with God while empathizing and recognizing these conflicting feelings about this relationship, may help to increase closeness to and trust in God. The Qur'an describes the believers as: "Those who entrust their work to Allah, Allah is aware of His servants" (25: 58). Accepting the will and wisdom of God enhances the connection with God in a way that will help them to cope better with the suffering that comes from their illness [29]. This may help to reduce threats, fears, and stress and bring them closer to God [30]. According to religious teachings, hope for divine mercy and belief in healing reduces the feeling of emptiness and despair and helps patients view process of treatment and recovery more positively [31, 4].

One of the components used in the present S/R intervention is that patients pay attention to feelings of remorse for the sin that they believe caused their cancer. The patient is encouraged to ask for forgiveness for such perceived transgressions. This has been done with good results in previous studies [32] and in helping them to reach a state of peace with their illness [33].

According to Pargament, positive S/R coping in disease conditions is not necessarily generalizable to other stressful situations. How individuals cope and adapt to stressors varies depending on their psychological characteristics and complexity (Pargament et al., 2004). In the present study, while the religious coping of individuals increased, the intervention did not affect their psychological well-being. Although previous research suggests that S/R is associated with positive psychological functioning [13] and may increase well-being [34], there is little consensus among these studies partly due to differences in the measurement of S/R. These differences in measurement may help to explain a lack of consistency in the findings [35, 36].

The exact role that S/R plays in psychological well-being or distress has been elusive [37]. Research on the relationship between psychological well-being and S/R may depend on the stage of disease and length of time that has elapsed since diagnosis. In addition, the terms mental health, well-being, and quality of life are often used interchangeably. The concept of well-being includes happiness, life satisfaction, and self-esteem, in addition to Ryff's conceptualization of well-being. Not all previous studies have used Ryff's scales as indices of well-being. In many studies, the relationship between psychological well-being and S/R coping, general religiosity, and belief in God have been positive [13, 38], and positive images of God have been related to greater hope and optimism [10]. However, the relationship between the image of God and psychological well-being in women receiving spiritual care was not significant in Schreiber's (2011) study [37]. Also, Gall et al. (2009) reported that among women with breast cancer, those who pleaded for God's help and intercession experienced more distress after surgery [39]. Gall also found that women who challenged their religious beliefs experienced lower emotional well-being and more emotional pain. However, women who used religious activities to distract attention from the disease had less emotional distress six months after surgery [10].

Consistent with previous research, improvement and positive change in the illness condition can also influence the effect of S/R interventions. Negative religious coping has been found to be more common in patients just after receiving the diagnosis, whereas this declined and psychological well-being increased following treatment and recovery [10, 39, 16]. Ellington, et al. (2017) acknowledged that spiritual challenges could result in an increase in psychological well-being over time [36]. In contrast, those with S/R doubts may have a chaotic or negative relationship with God or experience negative social and interpersonal interactions in religious settings, resulting in a worsening of S/R struggles and increasing psychological distress. Of note here is that some variables such as personality may mediate or moderate the effectiveness of S/R interventions in increasing patient well-being [13].

Study Limitations

Spiritual/religious coping strategies are often culture-specific, so the results of this intervention may not be generalizable outside of the socio-cultural context of Iran. Other limitations of this study include using a short version of Ryff's scales, which may have reduced the sensitivity of changes during the course of the intervention making it more difficult to identify improvements in well-being given the small sample size. Lack of follow-up evaluation beyond the completion of the intervention is another study limitation, thereby not allowing for the determination of how long the benefits of the intervention might last. Future studies should investigate the effectiveness of this intervention on psychological symptoms such as depression, anxiety, quality of life, and other indicators of mental health in this and other populations of breast cancer patients.

Conclusions

In the present study, a S/R intervention designed especially for Iranian Muslim women with breast cancer has been found effective in increasing their positive religious coping and reducing negative religious coping but there was no effect on their psychological well-being. That S/R is found to be "good" for some aspects of well-being but not for others is not surprising, given the multidimensionality S/R as well as the complexity of the relationship of S/R with well-being outcomes. For instance, religiosity's impact on well-being is differentially influenced by one's religious orientation [13]. Patients' negative religious coping (especially losing or questioning S/R faith), in the present study, involved the cognitive and belief dimensions. Patients reported hesitation in their religious beliefs and abandoning of their spiritual practices. The type of spiritual/religious problems may influence the effectiveness of interventions. By acknowledging these negative S/R forms of coping and sharing them with the therapist, the present intervention help these women work through their negative feelings toward God and therefore helps to reestablish a more intimate relationship with God and increase positive forms of S/R coping. According to Schreiber and Brockopp (2012), re-evaluation of their belief system may help breast cancer patients to interpret life events, including the experience of the disease [37]. Helping these patients to better understand their belief systems and related resources may help to eventually improve their well-being during both diagnostic and treatment phases of illness.

Declarations

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Availability of Data and Material

The datasets generated during the current study are available from the corresponding author on reasonable request.

Code Availability

Not applicable.

Authors' Contributions

Conceptualization: ZG, PR, PS, and SMH. Intervention: ZG. Investigation: ZG, PR, FA, and HGK. Data curation: PR, PS, SMH, and NA. Data analysis: ZG and NA. All authors contributed to the preparation and redaction of this manuscript.

Ethics Approval

Ethical approval for this study was obtained from the Iran University of Medical Sciences (IR.IUMS.REC.1398.489).

Conflict of Interest

The authors have no conflicts of interest relevant to this article to disclose.

Consent to participate

After receiving complete information about the study and its objectives, all participants completed the ethics consent to participate in this study.

Consent to publication

All participants completed the ethics consent to having their data published.

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