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Religious Coping and Psychological Well-Being among Cancer Patients: A Critical Review

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ABSTRACT

Background: The National Institute of Health & Family Welfare (2009) presented the estimate statistics of cancer patients in India as 2 to 2.5 million at any given point of time. About 0.7 million new cases reports every year & about half of the patients die each year. The psychological distress that is associated with the cancer diagnosis and treatment is becoming an area of interest for investigation in health sciences.

Aim of the review: The aim of the review was to gain an in-depth understanding of the Religious coping mechanisms used by cancer patients and their well-being.

Materials and methods: A review of publications for the period 2003-2012 cited on Pub Med, Journal of Behavioural Medicine Online, Journal of Psycho-Oncology Online was undertaken. Search terms included "stress", "coping", "breast cancer", "coping mechanisms", "coping mechanisms by breast cancer patients".

Search Results: Of the 12 articles reviewed, 2 focused on religious coping and emotional and psychological well-being, 3 on positive and negative religious coping and well-being, 2 on religious coping and adjustment to caner, 3 on religiosity and coping with cancer(Quality of life) and 2 on spirituality focused therapy for cancer patients.

Conclusion: There are diversified results on the connection between religious coping and psychological well-being, like positive and negative religious coping can be predictive of emotional well-being and variance in psychological pain and that there is no association between positive religious coping and well-being but it indicated that negative religious coping predicted poor general mental health, depressive indicators, which indicates a need to do more investigation in this area of research.

KEYWORDS Religious Coping, Psychological Well-Being, Cancer

Introduction

"Cancer is an abnormal growth of cells caused by multiple changes in gene expression leading to dysregulated balance of cell proliferation and cell death and ultimately evolving into a population of cells that can invade tissues and metastasize to distant sites, causing significant morbidity and, if untreated, death of the host" (Ruddon, 2007, p.4). In this condition, body cells start splitting when new cells are not required for the body, the cells thus produced will form a tumour, which can be benign or malignant. Benign tumours are not very dangerous; they are non-cancerous, and do not spread, and hence, rarely life threatening whereas in malignant tumour, cancer cells invade and damage nearby tissues and organs (Marks, Murray, Evans, Willig, Woodall and Sykes, 2005). External factors like tobacco use in various forms, infection causing organisms, chemicals and radiation, and internal factors like genetically transmitted variation in hormones and metabolism, certain immune conditions can lead to the development of cancer (American Cancer Society, 2013).

Coping

There are different types of coping mechanisms that people make use of when they face with stressful situations. Some of these are positive and healthy for the individual to adjust with situation and some others are maladaptive. Lazarus in 1991 and Folkman in 1984 came up with two types of coping mechanisms: Problem focused and emotion focused coping. Problem focused coping is employed where the individual focuses on the problem itself, where his/her focus is on the stressor itself and directly working on it to reduce the stress produced by it. In this the individual takes control over the situation, seeks for more understanding about the situation and also assess the pros and cons of the situation and choices that he/ she make. In Emotion focused coping the stressor usually outside the control of the individual and hence, the individual work on reducing the negative emotions associated with the stressor and the produced stress like anxiety, depression, disappointment, frustration etc. (McLeod, 2009) Another important coping mechanism that people generally use when faced with stress is escapism, where the individual avoids taking responsibility of the stress and feel hopeless and avoids facing the situation itself. It is considered to be a maladaptive coping strategy as it would not lead to long term solution for the stressor or the problem that they are facing (Deuren, 2011).

Religious coping

Koenig, McCullough, and Larson (2001) define religion as " an organized system of beliefs, practices, rituals, and symbols that serve (a) to facilitate individuals' closeness to the sacred or transcendent other (i.e., God, higher power, ultimate truth) and (b) to bring about an understanding of an individual's relationship and responsibility to others living together in community" (p.18).

Psychological Well-Being

"Well-being is more than just happiness. As well as feeling satisfied and happy, well-being means developing as a person, being fulfilled, and making a contribution to the community" (Shah and Marks, 2004, p. 2). There are different types of well-being; psychological, subjective, spiritual and social. Present study is focuses only on the psychological well-being since the impact of coping with cancer is more reflected in psychological well-being. According to Ryff (1989) psychological well-being is a complex construct of psychological development and mental health. Ryff's scales of psychological well-being identifies different characteristics as aspects of psychological well-being which includes independence, control over one's environment, positive interpersonal relationships, a meaning in life, discovering the potentiality of the self and accepting the way oneself is.

Studies have been done on identifying the link between psychological well-being, religiosity or spirituality and the coping mechanisms in varied sample populations. Some of the studies suggest that the level of religiosity in an individual will influence the style of religious coping that the individual use (Pargament et al., 1988; Shortz and Worthington, 1994 as cited in Trankle, n.d). There was also a correlation that was found

between strong religious beliefs and high level of psychological well-being and lower negative consequences while faced with stressful events (Ross, 1990; Ellison, 1991 as cited in Tankle, n.d). Research studies indicate that positive religious coping strategies are frequently used by cancer patients than negative religious coping (Hebert et al. 2009; Zwingmann et al. 2006). However, diversified results are being presented regarding the link between positive religious coping and different factors of psychological well-being (Gall et al. 2011; Hebert et al. 2009; Zwingmann et al. 2006).

There are studies that have been done in India on coping mechanisms that is used by cancer patients, and the studies have found that people use emotion-oriented coping or problem-oriented coping and also coping strategies like helplessness, talking to friends, families and others, talking to professionals etc. to cope with the stress created by the diagnosis and treatment of cancer (Mahapatro and Parkar, 2005; Vidhubala, Latha, Ravikannan, Mani, and Karthikesh, 2006). But religious coping among cancer patients have not been a major focus of research in India. Hence, the review paper is looking at the use of religion as a coping strategy by the cancer patients and its effect on their psychological well-being.

Religious Coping and Emotional and Psychological Well-Being

A longitudinal study done by Gall, Younger, Charbonneau, and Florack in Canada (2009) compared the use of religious coping among two groups; women with breast cancer and benign diagnosis. The sample involved 93 breast cancer patients and 160 with benign diagnosis. The assessment was done for both groups during various phases of the treatment like right before the diagnosis, 1 week prior to the surgery, and 1month, 6 months, 1 year, and 2 years after the surgery. Results pointed out that the religious strategies were most effective in the case of breast cancer patients than those with benign diagnosis. At the initial stage of breast cancer one of the most often used coping mechanism was religious coping. According to Gall and his colleagues positive and negative religious coping can be predictive of emotional well-being and variance in psychological pain.

The link between religious coping and psychological well-being was studied by Trevino, Archambault, Schuster, Richardson, and Moye in Boston in the USA (2012). The sample contained 48 veteran cancer survivors. They were assessed on their psychological pain, posttraumatic progression, and use of positive and negative religious coping. Research findings indicated that pain or distress and growth were more related to negative religious coping strategies.

Positive and Negative Religious Coping and Well-Being

Zwingmann, Wirtz, Muller, Korber, and Murken (2006) explored the implication of positive religious as well as negative religious coping. The sample size was of 156 German breast cancer patients. Along with religious coping, two elementary nonreligious coping styles which include depressive coping and active problem-focused coping were assessed. In psychosocial adjustment, anxiety and depression were measured. It was found through the study that nonreligious coping contributed to the correlation between religious coping and psychosocial outcomes. Positive and negative religious coping were found to have predictive value on psychosocial modification.

In a prospective study Herbert, Zdaniwk, Schnlz, and Scheier in Pennsylvania (2009) investigated the relationship between positive and negative religious coping and general somatic and mental well-being, depression, and contentment with life among breast cancer patients. Sample size included 198 patients with stage I or II and 86 with stage IV. The results indicated that 76% of the participants used positive religious coping to a reasonable amount or to a great extent and 15% of them used negative religious coping. The study outcome also indicated no association between positive religious coping and well-being but it indicated that negative religious coping predicted poor general mental health, depressive indicators, and lesser life expectancy. The link amongst religious coping and well-being was not affected by the stage of the cancer.

General religiousness, specifically positive (going towards faith) and negative (struggling with faith) religious, among 213 multiple myeloma patients (in the USA) was studied by Sherman et al., (2005). They used both standardized tests and clinicians ratings for the data for the study. Clinician ratings included levels of depression, general distress, physical functioning, mental health functioning, pain, and fatigue among the patients. Negative religious coping was seemed to be significantly linked with poorer functioning on all outcomes such as depression, distress, mental health, pain, and fatigue. It was also found that general religiousness and positive religious coping is not directly related to any of those outcomes being measured.

Religious Coping and Adjustment to Cancer

Nairn and Merluzzi (2003) Notre Dame, USA, verified a pattern of adjustment to cancer. They presumed that the level of social support, effect of the illness and religious coping have influence on adjustment to cancer and these factors are facilitated by self-efficacy. The research finding found out that religious coping has no association to quality of life, but found to have positive association with adjustment.

An Indian study in this context was done by Jangannathan and Juvva in 2009. The study was done in Mumbai in a sample of head and neck cancer patients who have under gone the surgery. The study was focused to investigate the coping strategies that these patients use. It was found that spiritual methods of coping were employed by the patients along with traditional coping strategies. The spiritual methods included activities like prayer, meditation, having a more optimistic approach to life and the traditional methods includes using medication, exercise, getting involved in some other activities in order to distract the individual from the preoccupied concern with the illness.

Religiosity and Quality of Life

A group of researchers (Assimakopoulos et al., 2009) in Greece conducted an observational study on the link between religiosity and quality of life among cancer patients who are undergoing chemotherapy. The study sample was 118 Greek Christian Orthodox cancer patients. A high level of religiosity was found among Greek Christian Orthodox cancer patients and in the study sample female participants were found to have scored high on religiosity. But the study failed to identify a relationship between religiosity and quality of life.

Holt et al. (2011) in USA, tried to study the role of religious involvement and spirituality in the emotional functioning of cancer patients among 100 cancer patients. And it was found that positive affect of the patients mediated the association among religious

behaviours and emotional functioning.

Janiszewska et al. (2008) in Poland, studied how anxiety related to breast cancer can be understood in relation to religiousness as a coping strategy. The sample was 180 women with breast cancer. They looked at the intensity of anxiety at different stages of cancer. The results of the study suggested that religiousness is an effective factor of coping with anxiety only of the end-stage breast cancer patients. There was no connection that was found between increased expression of somatic symptoms and the level of anxiety in the terminal stage. **Spirituality Focused Therapy for Cancer Patients**

Cole (2005) in USA, did a comparison between spiritually-focused therapy (SFT) and a no-treatment control condition (NTC) in terms of its efficacy in patient's diagnosed with cancer. Physical well-being (symptoms, treatment side effects, pain frequency and severity, and physical functioning) and psychological well-being (depression and anxiety) were assessed at pre-treatment, post-treatment, and two-month follow-up.

Spiritual and religious coping were assessed at baseline. At baseline, surrendering control to God and positive religious coping were associated with less depression and pain severity. Positive religious coping was also associated with less anxiety and greater physical well-being. Negative religious coping was correlated with greater depression, anxiety, pain frequency and severity, and poorer overall physical well-being. In terms of the intervention, both depression and pain severity remained relatively stable across time for the SFT group but increased for the NTC condition.

The role of spirituality in the psychological adjustment to cancer has been studied by Laubmeier, Zakowski, and Bair (2004) in USA. In the study they also tried to verify the transactional model of stress and coping. They considered spirituality as having two elements, namely existential and religious well-being which in turn are related to emotional well-being and quality of life. In the study the researchers examined whether relationship between emotional well-being and spirituality is moderated by perceived life threat. The sample for the study was 95 patients diagnosed with various types of cancer. The results showed that spirituality was associated with less distress and better quality of life regardless of perceived life threat. The study result suggested that existential component of spirituality might be associated with reduction in symptoms of distress in cancer patients regardless of life threat.

Conclusion

There are diversified results on the connection between religious coping and psychological well-being, like positive and negative religious coping can be predictive of emotional well-being and variance in psychological pain and that there is no association between positive religious coping and well-being but it indicated that negative religious coping predicted poor general mental health, depressive indicators, which indicates a need to do more investigation in this area of research.

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