

## Use of Religious Coping in Patients with Cancer

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**Abstract** In this article, we reviewed the relationship between religion and health and the use of religious coping in cancer patients to draw attention to the importance of religion and religious coping. There are five dimensions of health: physical, mental, social, spiritual, and religious. The relationships between these five dimensions of health is very close, often intertwined, profound and symbiotic. Religious coping is a means of seeking Allah's help, trusting and taking refuge in Allah, finding solace in religious provisions/teachings, and praying/worshiping more than usual during stressful events of life such as illness, calamity, death, or circumstances where a person is helpless. Religious coping has been frequently used by cancer patients and parents of children with cancer in many cultures around the world for physical, mental, social, and/or spiritual health. Patients' religious beliefs are an unrecognized source of support; however, health professionals do not take into account the religious beliefs, expectations and needs of patients with cancer when dealing with the medical care and treatment of patients. We strongly believe that health professionals should recognize and accommodate and respect to patients' religious and spiritual needs. Lastly, we recommend that comprehensive studies should be performed on the religious coping styles of Thai parents of children with cancer, because no study has been reported about this subject in the literature. These studies will fill the gap in the literature and make a great contribution to the clinical practices. (*Thai Cancer J* 2024; 44:30-39)

**Keywords:** cancer, health, religion, spirituality, religious coping

## Introduction

Cancer is a significant global health issue and the incidence is rising. In Thailand, in 2020, the prevalence was 0.6%, 190,636 new cases were diagnosed, and 124,866 people died from cancer. Cancer is the second most common cause of mortality following cardiovascular diseases in Thailand.<sup>1</sup> Thailand is undergoing a transition from infectious to chronic diseases, including a dramatic increase in childhood cancers too. The age-standardized incidence rates of all childhood cancers were 91.0 per million person-years in 1990-2000 and 106.2 per million person-years in 2001-2011. The top three cancer groups were leukemias, brain tumors, and lymphomas.<sup>2</sup> In the United States in 2024, an estimated 9,620 new cases of cancer will be diagnosed among children from birth to 14 years, and about 1,040 children are expected to die from the disease. Although cancer death rates for this age group have declined by 70% from 1970 through 2020, cancer remains the leading cause of death from disease among children. The most common types of cancer diagnosed in children ages 0 to 14 years are leukemias, brain and other central nervous system tumors, and lymphomas.<sup>3</sup>

Coping is efforts to prevent or diminish threat, harm, and loss, or to reduce the distress that is often associated with those experiences.<sup>4</sup> Coping is expending conscious effort to solve personal and interpersonal problems, and seeking to master, minimize or tolerate stress or conflict. Religious coping is an effort to understand and deal with life stressors in ways related to the sacred, which includes prayer, congregational support, pastoral care, and religious faith.<sup>5</sup> In this article, we reviewed the relationship between religion and health and the use of religious coping in cancer patients in order to draw attention to the importance of religion and religious coping.

### Relationship between religion and health

Religion is the belief in an ever-living Allah, that is, in a Divine Mind and Will ruling the Universe and holding moral relations with mankind.<sup>6</sup> Religion is a declaration, a manifesto, describing both the One who made this beautiful universe and the universe itself.<sup>7</sup> Spirituality is the high states, blessings, tastes, and happiness that a person feels in his conscience and soul when he fulfills the de facto gratitude by acting under Allah's orders and prohibitions with his material organs, intangible feelings, and the subtle faculties.<sup>8</sup> Religion and spirituality are not the same things, rather spirituality is a part of religion, which is more comprehensive than spirituality. Comparison of religion and spirituality is seen in Table 1.

Table 1. Comparison of religion and spirituality

Religion	Spirituality
The founder of the religion is Allah. Religion is the law set by Allah. Religion is a declaration, a manifesto, describing both the One who made this beautiful universe and the universe itself.	Spirituality is a degree of spiritual attainment that emerges in a person when he fulfills the de facto gratitude by acting under Allah's orders and prohibitions with his material organs, intangible feelings, and <i>Letaif</i> (subtle faculties).
Religion includes the basic tenets of Islam, which never changed in the course of human history.	Spirituality is variable. It can weaken or strengthen a person over time.
Religion is broader than spirituality and it encompasses spirituality.	Spirituality is a dimension of religion.
Allah teaches the principles of religion to the prophets, and the prophets convey them to people. True religion cannot be of human origin.	Spirituality is the high states, blessings, tastes, and happiness that a person feels in his conscience and soul. It is strengthened by the application of religious principles.
Religion is effective in functioning the entire universe, including man (from outside to inside).	Spirituality is within man. It is affected by the order, arrangement, and functioning of the universe (from inside to outside).
Religion is the very life of life, its light, and its basis. There is no life without religion.	There is life without spirituality.
Religion is the light of happiness, sublimity of feeling, and salvation of conscience. The revival of religion is the revival of the nation. No nation can continue in existence without religion.	Spirituality is nourished and strengthened by religion. There is no spirituality without religion.

Religious coping is a means of seeking Allah's help, trusting and taking refuge in Allah, finding solace in religious provisions/teachings, and praying/worshipping more than usual during stressful events of life such as illness, calamity, death, or circumstances where a person is helpless.<sup>9</sup>

There are five dimensions of health: physical, mental, social, spiritual, and religious. Physical health is defined as a state of well-being when all internal and external body parts, organs, tissues and cells can function properly as they are supposed to function.<sup>10</sup> Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.<sup>11</sup> Social health is defined as adequate quantity and quality of relationships in a particular context to meet an individual's need for meaningful human connection.<sup>12</sup> Spiritual health is defined as a state of being where an individual is able to deal with day-to-day life in a manner which leads to the realization of one's full potential; meaning and purpose of life; and happiness from within. Such a state of being is attainable through self-evolution, self-actualization and transcendence.<sup>13</sup> Religious health is a component of religion, which is a law set by Allah. Religious health is the state of physical, mental, social, and spiritual well-being that occurs by complying with the orders, prohibitions and rules of the true religion that is Islam mentioned by Allah. The common name of the true religions brought by all prophets, from Adam (Alayhi As-Salam), the first man and the first prophet, to the last Prophet Muhammad (Sallallahu Alayhi Wa Sallam), is Islam.<sup>14</sup> Figure 1 show the relationships between physical, mental, social, spiritual, and religious health.

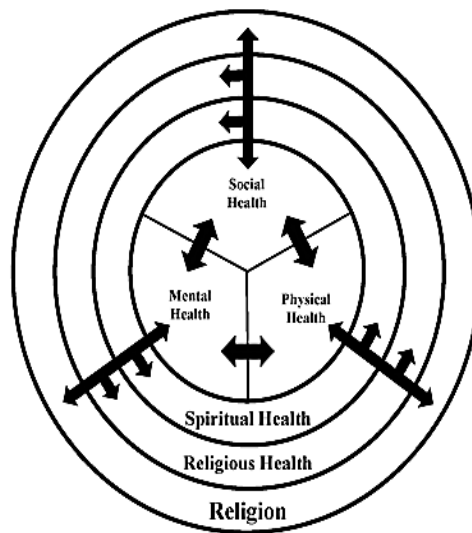


Fig. 1. The relationships between physical, mental, social, spiritual, and religious health is very close, often intertwined, profound and symbiotic. Religious health and spiritual health are also closely interrelated and affect physical, mental, and social health. Religion, a law set by Allah and a declaration describing the universe, has an impact on all dimensions of health

## Use of religious coping in patients with cancer

Advanced cancer, with its considerable physical symptoms and psychosocial burdens, represents an existential threat and major stressor to patients and their caregivers. In response to such stress, patients and their caregivers use a variety of strategies to manage the disease and related symptoms, such as problem-focused, emotion-focused, meaning-focused, and spiritual/religious coping. The use of such coping strategies is associated with multiple outcomes, including quality of life, symptoms of depression and anxiety, illness understanding, and end-of-life care.<sup>15</sup>

Religious coping is one of the most frequently used coping methods in patients with cancer and their caregivers/parents in many cultures around the world. Seeking support from Allah (positive religious coping) is used much more frequently than fighting against Allah (negative religious coping). Burnette et al. noted that 93% of American Indian women cancer survivors used a variety of American Indian spiritual coping, religious coping, and/or a mixture of the two.<sup>16</sup> African American black men with prostate cancer had higher average positive religious coping scores than white men. Positive religious coping was correlated with an increase in quality of life. Negative religious coping was associated with a reduction in quality of life.<sup>17</sup> Atlas and Hart reported that the relationship between hope and challenge appraisals was significantly moderated by coping through religion/spirituality, such that those who were both low on challenge and low in religious/spiritual coping reported the lowest hope in colorectal cancer patients of various ethnicities including Caucasian, African American, Hispanic/Latinx, Asian/Pacific Islander, and Native American.<sup>18</sup>

Silva et al noted that 57% participants showed moderate spiritual distress, 96% used medium and high positive religious/spiritual coping in Brazilian patients with cancer. Spiritual distress showed positive correlation with negative religious/spiritual coping.<sup>19</sup> The level of hope and positive religious coping of the Turkish patients with cancer were high and their level of negative religious coping was low. There was a positive relationship between positive religious coping style and hope levels of patients, and positive religious coping style was a significant predictor of hope level.<sup>20</sup> The Tunisian patients had high scores of positive religious coping and used more positive coping than negative coping to cope with cancer. High levels of affective religiosity were the main predictive factor of positive religious coping. A weak correlation was found between religious coping scores and stress, depression, and anxiety scores.<sup>21</sup> Puchalska-Wasyl and Malaj found that Polish adolescents with cancer were higher in positive religious coping than in negative religious coping and were higher in constructive

adjustment style than destructive adjustment style. Positive religious coping was positively related to constructive adjustment style, whereas negative religious coping was related to destructive adjustment style.<sup>22</sup>

Lundberg and Rattanasuwan examined experiences of fatigue and self-management of Thai cancer patients undergoing radiation therapy. For relief of fatigue, five categories of self-management emerged: (1) getting moral support from family and friends; (2) practicing religion, reciting prayers, doing merit, and meditating; (3) practicing self-care for symptomatic problems; (4) accepting the situation and doing the best of one's life; and (5) consulting with doctor and nurse.<sup>23</sup> In another study, Thai adult patients with advanced cancer tried to find ways to go on living with suffering. Three themes emerged from the interview data: adopting religious doctrine, being hopeful, and being surrounded by the love and care of the family.<sup>24</sup> In the study of Liamputtong and Suwankhong, although they experienced chaos and disruption, Thai women with breast cancer cultivated strategies that helped them cope with their experiences by accepting their fate and adhering to Buddhist beliefs and practices.<sup>25</sup> For Thai women with breast cancer, their spirituality focuses on family, mainly their children. They also have better spiritual well-being if they have good family relationship, social support, or feeling connected with nature or higher being in a religious or nonreligious way.<sup>26</sup> These studies reveal that religious belief and spirituality are effective in coping with cancer, transcend suffering, and relief of fatigue in Thai adult patients with cancer.

### **Use of religious coping in parents of children with cancer**

Many studies have been reported about use of religious coping in parents of children with cancer in United States and Western and Middle East countries; however, no study has been found about this subject from Thailand in the literature. Hope is a fundamental source of strength and inner guidance for parents of children with cancer. Findings suggest that hope is negatively correlated with parental psychological distress symptoms and coping dysfunctions. Religiosity, spirituality, and adequate provider-parent communication may strengthen hope in parents.<sup>27</sup> Compared to nationally reported data for adults, parents of children with cancer reported high scores for psychological distress but similar levels of religiosity, religious coping, and resiliency. Negative religious coping (feelings of negativity related to the Divine) was associated with higher levels of psychological distress. This effect was most prominent in parents who reported the highest levels of religiosity. Positive religious coping, religiosity, and social support were not associated with levels of psychological distress. In this series, the majority of parents identified as Non-Hispanic white.<sup>28</sup>

Praying and religious beliefs, crying, accepting the child's condition and doing nothing, having discussions with health providers and denial were commonly mentioned as coping mechanisms for Ethiopian parents of children with cancer.<sup>29</sup> A percentage of 29.4% of the Greek parents of children with cancer considered themselves anxious. Elementary or secondary school graduates scored higher in seeking spiritual support. Parents of females and parents whose children often or always had treatment problems during hospitalization sought greater spiritual support.<sup>30</sup> Iranian mothers of children with cancer used coping methods in four of the five objectives of religious coping, that are meaning, control, comfort, and intimacy with others and closeness to Allah. Three of the most frequent used coping methods by the participants were “punishing Allah reappraisal”, “pleading for direct intercession”, “benevolent religious reappraisal”, respectively. None of the participants used religious coping methods for its function of “life transformation”<sup>31</sup>. In another series, “belief in Allah” and “gratefulness for His blessings” were the most helpful coping strategies among Iranian parents of children with cancer.<sup>32</sup>

### Conclusion

In conclusion, we would like to emphasize that there is a very close relationship between religion, spirituality, and health. Religious coping has been frequently used by cancer patients and parents of children with cancer in many cultures around the world for physical mental, social, and/or spiritual health. Patients' religious beliefs are an unrecognized source of support; however, health professionals do not take into account the religious beliefs, expectations and needs of patients with cancer when dealing with the medical care and treatment of patients. We strongly believe that health professionals should recognize and accommodate and respect to patients' religious and spiritual needs.

No study has been found in the literature regarding the use of religious coping in Thai parents of children with cancer; therefore, we recommend that comprehensive studies should be conducted on this subject in Thailand, where people have different cultural and religious backgrounds. These studies will fill the gap in the literature and make a great contribution to the clinical practices.

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