

Review

The Importance of Spirituality, Spiritual Intelligence, Hope and Social Support in Dealing with Cancer Patients: Some Comments

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ABSTRACT

Spirituality has been recognized as an important factor similar to hope and social support for improved quality of life (QoL) and survival rate in cancer patients. Literature has also demonstrated a higher relationship of survival rate, with higher spiritual intelligence and hope levels in cancerous patients than non-patients. Spiritual intelligence needs to be explored more deeply, to better understand how this construct affects cancer survival rates.

Keywords

Spirituality; Cancer diagnosis; Hope; Spiritual intelligence; Social support.

INTRODUCTION

Cancer diagnosis and treatment can be a shocking and stressful process for the patient and their family. This process means, to the patient and family, multiple changes in lifestyle, life cycles and a series of expectations that may be hard to face. Cancer is not a rare disease. Cancer affects 1 in 3 people in the United States (U. S.).¹ In some cases, cancer can be treated, and today, many people live a long life after facing a cancer diagnosis. Cancer begins when cells grow indefinitely, or when abnormal or old cells do not die as they should.¹ There are two types of cancers: Cancer that grows in blood cells and cancer that grows as a solid tumor (usually known as Liquid tumors); and others that are named after the part of the body where the cancer started. The primary types of cancer in Puerto Rico from 2009-2013 in women are, breast cancer followed by colon and rectal cancer; and in men, prostate cancer followed by colon and rectal cancer. In addition, the incidence rates of cancer increase after age 25.² Cancer mortality rates increase with age in both men and women, 70% of cancer deaths occurring among the population aged 65-years and older, according to Puerto Rico Comprehensive Cancer Control 2015–2020.³ There are many factors that can affect cancer survival such as nutritional status, early diagnosis, and spirituality/

religious beliefs, which can promote anti-depressive mental health status that enhance and maximize the immunological systems of cancer patients.⁴

As related to spirituality/religious beliefs, it is theorized to affect physical health *via* 2 pathways: Behavioral regulation and emotional regulation.⁵ The behavioral regulation includes aspects related to salutary health behaviors, such as avoidance of alcohol, tobacco, and drug use as well as fewer sexual partners. Regarding emotional regulation, some constructs like social support, hope, forgiveness, love and other emotional feelings, provide benefits that have been related to the spiritual/religious aspects that are part of the faith expression.⁵ In addition, spirituality and religious beliefs provide coping mechanisms that help enhance quality of life (QoL), pro-social behavior and survival.

The criteria for survival enhancement is validated by numerous studies. For example, a meta-analysis evaluated whether religion/spirituality (R/S) is associated with better physical health outcomes. In a sample of more than 32,000 patients, statistical significance was found in the overall physical health suggesting that higher R/S, the better patients reported physical health.⁵

SPIRITUALITY/RELIGION

The construct of spirituality has been recently acknowledged as positive and helpful in the treatment of cancer patients apart from other chronic diseases. Spirituality is defined as, “*the personal quest for understanding ultimate questions about life, about meaning and about relationship to the sacred or transcendent, which may (or may not) arise from the development of religious rituals and the formation of community*”.⁶ Several studies have found its repercussions on patients’ health, QoL and life satisfaction.⁷ The construct has been defined as the aspect of having meaning and purpose in life and having a belief in a higher power.^{8,9} It has also been defined as a dimension of personhood, a connection with a larger reality that gives one’s life meaning.¹⁰ Religion, on the other hand, has been defined as the expression of spirituality through activities related to religious institutions like prayer.¹⁰ In addition, acknowledgement of spirituality and spiritual needs in psychological research has been useful in order to understand the connection with oneself, and the significance and purpose of life. Spirituality has been related to satisfaction, value, achievement with one’s life goals and also conflicts with oneself and belief in a higher power.¹¹

HOPE AND CANCER

Hope has been considered through investigations an important component of finding meaning in life. The concept of hope is based on two components: agency, which is related to goal directed determination, and pathways, that refer to planning to meet goals.¹² This finding has led the concept of hope to be viewed as a positive psychological indicator. Hope has also been defined as a desire with anticipation or expectation.¹³

Cancer is a difficult disease to handle, since in worst cases it is considered incurable and painful. Cancer patients and their caregivers may struggle with anxiety and depression that could affect QoL.¹⁴ Therefore, the fact that cancer impacts lifestyle, triggers pain and suffering, generates inquiries about death, hopelessness and negative emotions it may have serious effects in patients lives.¹⁵ Moreover, as the expectation of being healthy and continue to live are doubted, patients who continue to be hopeful, even through the challenges, tend to maintain positive attitudes and behaviors and demonstrate greater acceptance of their condition.¹⁵

A study comprised of 120 participants explored the relationship between life satisfaction, spiritual well-being and hope to predict life satisfaction and found that spiritual well-being and hope were significant predictors of life satisfaction, underscoring their importance in preserving health and QoL.¹⁶ These authors concluded how important spirituality and hope are in preserving health.¹⁶ Another investigation, aimed at studying the relationship between religious/spiritual coping and hope in 82 cancer patients undergoing chemotherapy reported that patients with high-levels of religious/spiritual coping had higher mean levels of hope.¹⁵

Furthermore, the concept of hope is a powerful motivator of life and healing. A study evaluated the association between chemotherapy use and QoL and quality-of-death (QoD) as

a function of patients’ performance status. This study took into consideration the guidelines of the American Society for Clinical Oncology (ASCO) which states that palliative chemotherapy is recommended only for patients with solid tumors and good response status. The study findings confirmed how the use of chemotherapy did not improve QoD and worsened those of good performance status.¹⁷ The study results demonstrate the repercussions of how a treatment could not help living longer or better. However, it also demonstrates how patients may see chemotherapy as a tool to expect a future healing.¹⁸

Younger adults suffer developmental, social, mental health and educational setbacks because of cancer.¹⁹ This groups’ goals, hopes and dreams are tremendously affected by cancer diagnosis. A hope-based intervention was used to address disrupted goal pursuits and QoL among young adult cancer survivors. This program consisted of a randomized control trial to examine feasibility, acceptability and efficacy of a program called achieving wellness after cancer in early life (AWAKE). The program’s objective was to reorient young adults towards goal pursuits even after a cancer diagnosis, following a hope-based treatment.¹⁹ The program demonstrated how hope can be an important factor to re-oriented goals, in such a way that it may help patients to better understand and deal with their condition in an optimistic way.

SPIRITUALITY, HOPE AND CANCER

As previously mentioned, spirituality and hope could have an important effect on cancer patients. For instance, an investigation aimed to study the relationship between hope and cancer pain used 78 patients who were receiving concurrent oncologic and symptom-focused care.²⁰ Results showed that patients’ level of hope, pain intensity, anxiety and depression were associated. The study also found how levels of hope were not associated with gender, age or metastatic disease. However, hope levels, were negatively correlated with worse pain intensity, pain interference, anxiety, and depression. The study also found positive correlations with spiritual well-being. Although a relationship was found, adjustment for depression and spiritual well-being eliminated the negative relationship found.²⁰

Another investigation, aimed to study the relationship of spiritual intelligence with hope and to compare cancerous patients with non-cancer patients.²¹ The study cited multiple definitions of spiritual intelligence, such as; “...*as individual ability to ask about final questions and simultaneous experiences of life as well as every one’s relation to the world*”.²²

In addition, Hope was defined as, “*a fundamental base of mental power and balance; an ability to believe in a fair sense of the future*”.²¹ Study results showed that among 150 participants, a positive meaningful relationship was found between spiritual intelligence and hopefulness in both cancer and non-cancer patients. This investigation also found that the relationship between age, gender, and improvement of cancerous patients were not found to be significant, however, educational level and spiritual intelligence had a positive meaningful relationship.²⁰ In relation to the rate of surviv-

al, this study found that spiritual intelligence and hope was higher in cancerous patients than non-cancer patients.²¹

Another study aimed to examine the relationship between spiritual well-being and hope in patients with cardiovascular disease (CVD).²³ The authors studied the relationship between hope and how it was related to spiritual well-being examining associations with individuals' sense of identity, feelings of integrity, peace, inner balance, general life satisfaction, happiness and positive attitudes, and hope related as a coping strategy for managing stress and disease. This study found positive correlations between spiritual well-being and the other previously mentioned constructs, demonstrating that those are important for healthcare and patient survival.²¹

SPIRITUAL INTELLIGENCE AND CANCER

A descriptive comparative study examined hopefulness and QoL of cancer patients with non-patients and came to various conclusions.²¹ First, a meaningful relationship was found between spiritual intelligence and hopefulness of non-patients and cancerous patients which means that the higher spiritual intelligence a person has, the more hope toward life and future he or she has. Also, they found a meaningful relationship between education level and spiritual intelligence.

Moreover, taking into consideration cultural diversity and the importance of instrumentations to evaluate minorities' spiritual intelligence, a culturally adapted Spanish version of the spiritual intelligence self-report inventory (SISRI) reported good internal consistency analogous to the findings of King (2008).²⁴ Also, the study found that age and sex vary significantly. Specifically, the study reported that men obtained higher results in spiritual/higher conscience. In addition, they reported significant results regarding older age, and higher spiritual intelligence. In the post hoc analysis, the scale factors that account for personal significance were statistically significant in the population 50-years or older, meaning this group accounted for a better ability to enter into higher states of spirituality/consciousness. The psychometric properties for the adapted version of the SISRI reported a high Cronbach's alpha of 0.931 which indicates an excellent consistency and reliability for minority Spanish speaking samples.

NEGATIVE ASPECTS OF RELIGION IN HEALTH

The literature states that even though a person is not religious, or does not have a religious belief, in states of poor health, the situation leads them to find a higher being or a god that can help them surpass every obstacle and even help to find meaning in life again.²⁵ It also states that spiritual activities like yoga, tai chi, Zen Buddhism, meditation and other techniques like relaxation, visualization, and calming activities such as listening to music, can have an impact on brain processes and serotonergic activities that can produce a good overall wellness improving patient QoL.²⁵

On the other hand, a systematic evidence-based review evaluated 43 publications that met criteria for good evidence of religious involvement correlated with better mental health in the

areas of lower depression, less substance abuse, and lower suicide. In this systematic review, it was found that 72.1% of the studies found a positive relationship between level of religious/spiritual involvement and less mental disorder, 18.6% had mixed results and 4.7% reported negative results.²⁶ Even though religion has been found beneficial for physical and mental health, it can also be associated with negative outcomes.²⁶ These outcomes have been associated with poorer mental health and physical health status, negative coping behaviors and inappropriate use of health services.²⁶ Specifically, they describe how religious beliefs can encourage negative patterns of behavior that can be harmful to health, for instance, religious teachings may proscribe specific medical procedures and treatments; religious groups can discourage professional help or how fanatical beliefs can produce negative emotional states like guilt, shame, and anxiety.^{26(p. 346)}

CONCLUSION

The practice of spirituality can have benefits in cancer patients. Hope and social support can provide a synergistic effect that could promote higher survival rates in cancer patients, through diminished health problems, such as anxiety and depression. Spiritual intelligence needs to be explored more in-depth, to better understand how this construct may affect cancer survival rates. Negative emotional states may have serious consequences in cancer patients' survival rates and their well-being, thus, it is important to recognize and promote efficient and efficacious strategies to improve their mental health.

CONFLICTS OF INTEREST

The authors declare that they have no conflicts of interest.

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