



## ESPIRITUALIDADE E RELIGIOSIDADE EM PACIENTES COM CÂNCER

*Spirituality and religiosity in patients with cancer*

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**Abstract:** Cancer is generally perceived as a life-threatening disease, so patients often develop spiritual needs after diagnosis. Spirituality affects the quality of life of the patient and provides the context in which hope and meaning can be obtained to deal with the disease. **Objectives:** To present an overview of the impacts of spirituality and religiosity (S/R) on the health of the cancer patient in facing the disease. **Methodology:** It is a qualitative study, which used the technique of narrative revision as a methodological contribution. For the data collection, the keywords "spirituality", "RELIGIOSITY", "coping" and "cancer" were used in indexed databases such as LILACS, SciELO, BVS and MEDLINE. 41 articles were selected, considering the scientific relevance, originality, hypotheses confirmation and adequacy to the theme of this review. **Results:** Spirituality and religiosity were associated with better coping with the difficulties related to cancer with less severity of symptoms. In addition, they are used as support to help overcome pain and suffering, it also contributes to psychic balance, reducing the desire for accelerated death. Despite this, spiritual care remains small in the medical context, although patients, especially at the end of life, would like their spiritual needs to be addressed as part of overall care. **Conclusion:** The care of cancer patients goes beyond caring for the person's body. The S/R needs can be considered in the interventions and adapted to the needs of the patient.

**Keywords:** Spirituality; Cance; Coping Strategies.

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**Resumo:** O câncer é geralmente percebido como uma doença com risco de vida, por este motivo os pacientes desenvolvem frequentemente necessidades espirituais após o diagnóstico. A espiritualidade afeta a qualidade de vida do paciente e fornece um contexto no qual se pode obter esperança e significado para lidar com a doença. **Objetivo:** Apresentar uma visão geral dos impactos da espiritualidade e religiosidade sobre a saúde do paciente com câncer e o enfrentamento da doença. **Metodologia:** Trata-se de um estudo qualitativo, o qual utilizou a técnica de revisão narrativa como aporte metodológico. Para o levantamento dos dados, utilizou-se as palavras-chave “espiritualidade”, “religiosidade”, “*coping*” e “câncer” em bases de dados indexadas como LILACS, SciELO, BVS e MEDLINE. Foram selecionados 41 artigos, considerando a relevância científica, originalidade, confirmação de hipóteses e adequação ao tema desta revisão. **Resultados:** A espiritualidade e religiosidade foram associadas ao melhor enfrentamento das dificuldades relacionadas ao câncer com menor gravidade de sintomas. Além disso, são utilizadas como sustentação ao ajudar superar a dor e o sofrimento, contribui também para o equilíbrio psíquico, diminuindo o desejo de morte acelerada. Apesar disso, os cuidados espirituais permanecem pequenos no contexto médico, embora os pacientes, especialmente no final da vida, gostariam que suas necessidades espirituais fossem abordadas como parte do cuidado global. **Conclusão:** Os cuidados de pacientes com câncer vão além do cuidar do corpo da pessoa. As necessidades E/R podem ser consideradas nas intervenções e adaptadas às necessidades do paciente.

**Palavras-chave:** Espiritualidade; Câncer; Estratégias de Enfrentamento.

## INTRODUCTION

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Nowadays, cancer has been considered to be the second disease with the highest cause of death, with approximately 8.8 million deaths in the world. Surveys conducted by the World Health Organization (WHO) estimates that more than 14 million people develop cancer each year, and this number is expected to rise to over 70% by 2038. The disease shows a higher incidence in low- and middle-income countries, and despite the progress already achieved in terms of prevention, treatment and palliative care, in most cases, the disease is detected late, making access by the patient to the treatment and palliative services, difficult and expensive<sup>1</sup>.

In Brazil, this reality is no different. Cultural plurality and territorial extension denote a series of challenges to be managed by public health. The solution has been the strengthening of information centers (records of population-based cancer and Hospital - PbcR/RHC), with the purpose first to raise data that may lead care strategies to the population through the establishment of public policies. Thus, broadening of the knowledge is verified on the occurrence of pathology and

providing subsidies to health services, to universities, to managers, to research centers, to the population, among others, from health promotion actions that can ensure better conditions of life to the sick person<sup>2</sup>.

The late diagnosis associated with the evolution of the disease which emphasizes the closeness of death makes treatment and patient care more complex, causing in the sick people and their families an instability which can affect the various dimensions of the human being, physical, biological, psychological, spiritual and cultural. The biologist model of health limited to a curative practice of the disease does not observe subjective demands brought by the human being in the contemporaneity and disregards the integrality of the person. This new way of thinking demands the discontinuance of a mechanistic practice for the focused attention on the process disease-health-care in all its multidimensionality, in this sense, the quest for spirituality and religion becomes part of practices related to the beliefs of the oncologic patient<sup>2-3</sup>.

Religiosity and spirituality (R/E) are coping strategies undertaken by many patients facing cancer, once that can assist in the alleviation of suffering and the elevation of hope in

relation to the quality of life<sup>4</sup>. Scholars have found that the religious and spiritual beliefs influence the decision-making of patients in relation to complementary therapies and aggressive care at the end of life<sup>4-6</sup>.

In the search for the understanding of the role of R/E in coping with the disease, different theories try to explain the influences of such phenomena in the life of the patient with cancer and their families. The person receiving the diagnosis of cancer can present different reactions, expressed by acts such as concealing the fact, removal of social conviviality, abandonment of treatment or even from his or her project of life<sup>7</sup>.

In this context, the religiosity in the life of a person diagnosed with cancer is driven by fear and lack of sense, in an attempt to conceive the *cosmos* as a human and revealing. Whereas the spirituality moves an inner strength that acts reviving the desire and hope, with influence on the mental health of the patient<sup>8</sup>.

Studies indicate consistently, that religiosity and spirituality have significant results in health when it comes to aspects improvement in

quality of life, increase in life expectancy, more care with their own health, which ensures reduction of diseases and mortality. However, one cannot deny that the contrary also occurs because of the religiosity and spirituality can also present negative results when associated to worse mental health and higher mortality rates are generally related to punitive thoughts<sup>9</sup>.

Based on this scenario, there is one side of cancer that is so overwhelming with alarming indices. On the other hand, a kind of reunion between science and spirituality/religiosity. Between these two sides, there is a gap that defies science to evaluate the R/E in oncologic patients and implement training for spiritual care, since that, although clinicians, nurses and doctors, consider some spiritual care as an appropriate aspect of their role, patients report that they provide them with low frequency<sup>10-11</sup>. Under such perspective, this review has as objective to present an overview of the impacts of spirituality and religiosity (S/R) on the health of the cancer patient in facing the disease. To develop it, a technique of narrative review was used, with the possibility of

wider criticism and analyses on a specific topic. In this review, the survey data, was performed with the keywords "spirituality, "cancer" and "coping strategies", in databases indexed as Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Electronic Library Online (SciELO) and Virtual Health Library (VHL) and *Medical Literature Analysis and Retrieval System Online* (MEDLINE). 41 articles were selected, considering the scientific relevance, originality, hypotheses confirmation and adequacy to the theme of this review.

## LITERATURE REVIEW

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### Psychological repercussions of cancer

Recent studies confirm the high incidence of cancer in the world, with increasing numbers reaching 20 per cent in the last decade, with the highest number of occurrences in middle- and low-income countries, in which the health policies still have much to do to ensure the population better conditions of life<sup>11</sup>.

The diagnosis of cancer requires the individual to be faced with ideas as the finiteness of the material body, and the body modifications are clearly observed by means of weight loss,

paleness and the fall of hair, which are consequences of the disease process in itself and also side effects of the treatment<sup>12</sup>. Before the diagnosis there is a series of impacts on the lives of individuals compounded by the difficulty that health professionals have to deal with an illness before which they feel powerless, and that frequently the patients see it as irreversible, i.e., as if everything that would make the recovery was useless<sup>13</sup>.

Carcinoma is a delicate disease in which torture is not only regarding the body, because it also reaches morally and spiritually the subject, significantly altering the trajectory of the life of the same, making him or her prisoner of their personal experiences, their families and their work<sup>14-15</sup>.

Extremely stigmatized and directly related to death and martyrdom, in common sense, cancer is still considered by many as an irremediable disease<sup>13</sup>. In addition, it is described as a fear that is equivalent to that of epidemics in the past, in spite of all the available medical apparatus<sup>16</sup>. It is this fact, when one observes that even today cancer is a word which many people avoid uttering, with intention to depart from the association with the disease<sup>17</sup>.

As already mentioned, many professionals in the health area have

enormous difficulties to deal with patients who are experiencing hardship markedly impacting, as in the case of a cancer<sup>13</sup>. Thus, a strategy that could help the professional to provide better support for his or her patient, would be by means of the research of protective factors more significant in the life of the sick person and later incitement of the same as a form of resignification of the difficulties experienced<sup>18</sup>.

In a study conducted by Junqueira<sup>19</sup> (2008) demonstrated that many oncologists, as well as the other members of the team, in general, recognize the importance of the existence of a God as alleviator of the various mishaps of life and have receptivity to understand about the religious dimension of the sick person. Despite this, many of these professionals showed not to feel the desire to expound on this subject, considering the greatness of science, which makes a good part of them really not able to obtain the conviction of the best way to conduct such a situation. A factor that may justify such difficulty to act is externalize upon investigating the ideas and thoughts of professionals working with patients affected by

cancer. A large proportion of them expressed that during the academic life there was no type of training to deal with the theme of spirituality/religiosity. What explains a possible lack of attention in addressing this issue, even when performing the planning of essential subjects to be studied during the graduation of professionals of the area in Brazil<sup>20</sup>.

In order to revert this situation, the Association of American Medical Colleges defends the inclusion of spirituality in the formation of the academics of medicine, recommending that students are advised about the role of spirituality, cultural beliefs and practices for the health and well-being of many patients. Spirituality, cultural beliefs and practices can be discussed within the context of care of patients in a variety of clinical situations already in academic formation. This measure contributes to the future health professionals recognize the spirituality, beliefs and practices as ways of relationship and care with patients<sup>21</sup>.

From the point of view of illness and negative chances of cure, the use of R/E in the treatment of cancer has been a perspective increasingly present in the

research, by considering their positive possibilities in the life of the patient<sup>22</sup>.

In this context, thinking of the R/E under the perspective of the completeness of being is to understand that what makes the difference in the development of certain factors in the individual's life is the way by which interprets the facts and events in their lives. Thus, the religious and spiritual beliefs can contribute to the development of behaviors and thoughts with the aim of achieving the necessary capacities to cope with the disease<sup>23</sup>. Another design defends this religious and/or spiritual tool as an instrument to alleviate the discouragement and depression that can occur before the adversities faced throughout life<sup>20</sup>.

### **Coping strategies of the patient with cancer**

Many people make use of tactics of coping strategies to deal with the obstacles of life and may use the tactics centered in adversity and centered on the emotional. The first is based on an active posture in which the individual programs and solves the adversity, harmonizing with the factor responsible for stress. And the second is summed up in a conduct in which the subject seeks escape and rejection of adversity, aiming at a greater emotional control

before the stress causing factor. It should be mentioned that the confrontation on the basis of the strategies of religiosity and spirituality is able to establish a connection between the two tactics reported<sup>24</sup>.

It should be emphasized in this review that religiosity and spirituality, although employed in joint approach, are not presented as synonyms. Religiosity is defined as the relationship of the individual with religion, rites, practices, doctrines of a particular religious institution. It is recognized as a way of raising the belief and faith, enabling greater security, comfort, coping and emotional balance. Religion, in turn, is understood as an experience of doctrinal slant and it is a set of beliefs and rituals practiced by a given community or institution that worships a superior being, a deity - God<sup>25</sup>. Usually, during the period of treatment and restoration of the disease, the patient intensifies his or her search for religiosity.

Whereas the spirituality is defined by the pursuit of individual with the transcendent, his relationship with God, the cosmos, an experience which leads to reflection on the meaning and purpose of life, regardless of having or not a religion. The importance of religiosity and spirituality for the cancer

patient is evidenced by the improvement in the quality of life of patients with higher rates of religious/spiritual involvement<sup>26</sup>.

According to Matos et al<sup>27</sup> (2017) R/E appear as mechanisms that attenuates the pain, fear, stress by helping patients and family members to cope with the suffering caused by cancer. This new approach of palliative care goes beyond the methods and becomes part of the new scenario of who cares and who receives the care.

Thinking of the patient in his or her entirety has been a point of discussion in several theoretical fields that seek to understand the systems of religiosity and spirituality in the context of disease-health-care and his or her relationship in the face of diseases linked to human completion<sup>28</sup>.

In this sense, R/E has a fundamental role in a person's life with cancer, acts as support to help overcome the pain, suffering, and contributes to the mental equilibrium. Such aspects are assigned to faith, under the dominion of the divine. The sick person gives a new direction to the unhealthy state, in the encounter with spirituality, what would be the chance, here understood as the

disease, finds explanations, hope and confidence are reborn arising from which is sublime, upon alleviating the pain and making sense of what was inevitable - the fatality. Thus, R/E assumes the lack of direction and strengthen the human emotions<sup>29</sup>.

For Pinto <sup>30</sup>(2016, page 115) "spirituality is something inherent to the human being". R/E is individual constructs, multidimensional and somehow it will be said that has different relations in the field of health, with positive or negative effects; act in a dynamic way in the person's life, presenting with different intensities depending on the moment which is lived. It is noteworthy that the spirituality is rooted in the idea of a state of mind with a depth such that enables the human being who believes and has faith, experiences significant and increase of the perseverance on their experiences with the disease. From this perspective, spirituality is considered a process of interiorization of demands of human, due to consisting of a person while physical body, a transitory being.

In another perspective, Soratto et al<sup>31</sup> (2016) in qualitative research, with

oncologic patients, aged between 35 and 58 years, argues, "caring is to humanize", a process that involves actions of the kind hearing, cherishing, alleviating, being close to pain and suffering of the patient and his or her family. and upon referring to spiritual care, he says that these, when possible, have to do with the hope of physical healing, to the contrary, it is sought a kind of spiritual healing, in preparation for a life with the divine.

In this sense, to treat the topic spirituality it was necessary to enter the paths of philosophy and psychology in an attempt to understand the different conceptions that led scientists to recognize the strength and depth of the subjective factors" <sup>32</sup> and how these influences the life of a human being. Going deeper in this discourse is to recognize the existence of subjective and individual elements ' in continuous action, i.e., "psychologize" spirituality is nothing more and nothing less than the recognition of experience with spirituality as something extremely subjective and individual, in other words an experience as it takes place, accessible only to those who experience it<sup>32</sup>.

In this process of searching for and understanding of the facts resulting from unexpected illness and of difficult

treatment, sometimes diagnosed as incurable, *coping* (*enfrentamento*) comes up with an alternative to give direction to the life of the person who finds in spirituality a way to rekindle subjective elements, giving meaning to living<sup>33</sup>.

### ***Religious/Spiritual Coping (CRE)***

*Coping* is defined as "a set of cognitive and behavioral strategies, used by individuals with the goal to handle stressful situations" and such strategies can be focused on emotion or problem. There is not only one way to cope with stress, each person develops according to his or her personality a style that is proper to him or her, because *coping* is intended to reduce, minimize, tolerate the stressful situation, more that control it or dominate it<sup>34</sup>.

Panzini and Bandeira<sup>34</sup> (2007) clarify that the *coping* it is a study area with coverage in various areas of knowledge, through cognitive-behavioral psychology, the positivist psychology, health psychology, psychology of religion, medicine, spirituality and its delineation is related with the cognitivist study of stress and *coping*.

Whereas CRE is a sequence of practices related to religion and adopted by a person at a given moment of life, in

an attempt to understand or manage personal demands which are so significant in the subject's life<sup>35</sup>. Brito, Seild and Costa-Neto<sup>23</sup> (2016), in their studies to clarify that the studies have identified a large number of strategies of CRE, with different practices that include "active, passive and interactive" methods and comprises actions related both to emotion and behavior.

The outcomes resulting from the CRE will indicate if the repercussions on the health of the sick person have positive or negative nature<sup>36</sup>. It is possible to affirm that are positive when a "spiritual progress" is observed, as well as advances in cognitive health, collaborative posture and decrease of the concern. Whereas the negative is perceived when unfavorable links are noticed relating to the well-being of the individual and depression, exemplified by a non-cooperative posture in treatment due to an unshakeable belief in the possibility of a heavenly restoration<sup>37</sup>.

Examples of CRE negatives are reported by Redon<sup>17</sup> (2008). There are some reports in which the patient in the search for a meaning to be experiencing such adversity, sees the illness as a

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penance, an atonement, a sorcery, and such conviction would be a possible factor that at least would tranquilize the individual due to exposing causes for the moment experienced, since it deals with the human essence to the search for causes to justify his or her experiences.

It is important to emphasize that in a study conducted by 20 Gobatto and Araújo (2013) about the concepts and opinions of professionals who work in assisting oncologic patients around the CRE, it was demonstrated that the positive implications shall prevail over the negative when dealing with such a theme related to health, i.e., there is more positive than negative reports when observing the interference of religiosity and spirituality in coping with an illness such as a carcinoma.

### **The impact of R/E on health**

Peres et al<sup>38</sup> (2007) recall a very important historical element when discussing religion into the realm of psychology. The first discussions, brought by Freud, considered the religion as an illusory remedy against the helplessness. However, it has been observed that the interest of science to investigate this relationship and today,

the religious experience has ceased to be considered a source of pathology and, in certain circumstances, began to be recognized as the provider of the re-equilibrium and health of the personality.

In studies of Koenig<sup>39</sup> (2005) it was found that 90% of the patients attributed their religious beliefs and practices as important ways by which they can cope with and better accept their physical diseases. In the same study, 40% of participants indicated religion as the most important factor to help them in these hours. Thus, it is observed a reassessment of the influence of R/E under the conditions of everyday life, including its participation in health-disease process<sup>40</sup>.

Guimarães and Avezum<sup>41</sup> (2007) presented a descriptive scientific review on the implications of the R/E in physical and mental health. These researchers gathered the major evidences and proofs of R/E on the immune activity, cancer, cardiovascular disease and mortality, as well as aspects of intervention with the use of intercessory prayer.

CRE has been investigated in several clinical variables. In a controlled study, patients were divided into two groups, one with patients in palliative care and the other with healthy

individuals. It was observed the high use of CRE, being the positive factor the most used by members of both groups. When comparing the negative CRE a discrepancy was observed between the two groups, being observed a higher prevalence of even in the patients in palliative cares. This result is probably explained by the negative shocks caused by cancer, with repercussions on religion/spirituality of individuals with this disease. The disappointment regarding the future and lack of hope are characteristics of these individuals, who in this particular moment of life, possibly reflected in the use of CRE<sup>27</sup>.

The studies also demonstrated that some sociodemographic variables stood out positively in the analysis of the quality of life of the participants. They were: practitioners of Catholicism, male gender and higher rates of CRE. Thus, it is observed that such factors were statistically related with patients who presented a better perception of the quality of life, even in time of extreme adversity<sup>27</sup>.

## FINAL CONSIDERATIONS

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The various international discussed studies demonstrate the

relevance of this interface, spirituality/religiosity and the use of psychotherapeutic approaches, with good results in the recovery of the oncologic patient. In view of the high potential religiousness/spirituality among Brazilians and the shortage of psychotherapist approaches in oncologic patients in Brazil, it is considered the importance of review articles that may place the researcher/professional in contact with international studies and empirical evidence regarding the association between R/E and physical/mental health.

So that there is effectively the integration of R/E in patient care, it is necessary to include in the curricular training of health professionals the scientific study of Spirituality/Religiosity and health, by instrumenting them for dealing with these issues and demands in caring for their patients.

Finally, it should be emphasized that the religious/spiritual approach can configure a successful mode of intervention, contributing to cope with the disease, as well as to the increase of other health benefits that may arise from it.

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