

RELIGIOSITY IN COPING WITH PAIN, DEJECTION AND SOCIAL ISOLATION; A QUALITATIVE STUDY ON CANCER PATIENTS

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Abstract:

With the beginning of scientific and technological advances religion has been ignored in clinical domain. However, empirical evidence shows that specific aspects of religiosity are correlated with health. This qualitative study covers aspects of religiosity and health in a way that has been ignored in studies conducted in Pakistan. Fifteen cancer patients were selected through purposive sampling techniques that were getting cancer treatment from PINUM cancer hospital Faisalabad. Present study reveals that cancer patients consider religiosity as important mechanism in coping with pain, dejection and social isolation. When they feel psychologically stable, it positively affects their ability to cope with disease. Findings suggest that religiosity is associated with better coping of patients with pain and dejection. Patients asserted that doctors generally do not pay attention towards religiosity of patients during treatment. Relationship of religiosity with hope in life has been described by many patients. Study has highlighted the need of doctor's attention about religious and spiritual needs of cancer patients. Furthermore, this study has emphasized that patients want doctors to be attentive about their religious orientation. They want to talk about God and God related matters. These findings are significant for policy makers to understand palliative care of cancer patients.

Key words: Religiosity, Spirituality, Pain, Dejection, Cancer Patients, PINUM

INTRODUCTION:

In recent past, many researchers have shown significant contributions of religiosity in psychosocial adjustment to cancer patients¹. Religion offers hope to those suffering from cancer, and it has been found to have a positive effect on the quality of life of cancer patients. Numerous studies have found that religion also provide effective coping mechanisms for patients². In patients with advanced stage of cancer, anxiety and panic attacks were common, and often were precipitated by fears about death³. Different researches have shown that religious and spiritual beliefs positively impact health, longevity, and recovery from physical illness^{4, 5, 6, 7}. The relationship between spirituality and health has received increasing attention in recent decades; the rate of publications on spirituality and health has increased by 688% in the last 30 years⁸.

Spirituality is also a way of coping and surviving with negative feelings in lives⁹. A majority of patients receiving health care say

that they would like their caregivers to ask about and discuss spiritual aspects of their illness, with particularly high percentages among patients who regularly attend religious services^{10,11}. About 95% of Americans recently professed a belief in God or a higher power, a figure that has never dropped below 90% during the past 50 years, and 9 out of 10 people also said that they pray, most of them (67%–75%) on a daily basis. Many Americans have stated that their faith is a central guiding force in their lives. Over two thirds (69%) recently reported that they were members of a church or synagogue, and 40% reported that they attended regularly¹². Cancer is a chronic disease involving long-term treatment and care that is implemented at both hospitals and homes. Cancer patients

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need care and assistance from their family members, friends, as well as medical personnel. These family members who offer their physical and emotional help are referred to as *informal caregivers*. Throughout their illness, it is estimated that 55 percent of cancer patients' care needs are provided by informal caregivers¹³. Faith-based communities are forums to increase health education and understanding the further use of spiritual coping for cancer survivors, family, and friends¹⁴. Patient relatives expect that health care professionals should provide them with more information about their patient's condition and the course of the disease that their patients should be dealt with by the physicians specialized in cancer, and that psychological support should be provided both for them and for their patient¹⁵.

However, less attention has been paid to determining the type of religious coping, positive or negative, that may differentially affect health outcomes. Positive religious coping methods, such as prayer and benevolent religious appraisals of negative situations, reflect the perception of a secure relationship with God, a belief in a benevolent purpose to life, and a sense of connectedness with a religious community. In contrast, negative religious coping methods, such as attributions of situations to a punishing God and feelings of abandonment by God, reflect a struggle that grows out of a perception of a tenuous relationship with God, a more ominous view of life, and a sense of disconnectedness with a religious community¹⁶. Religious resources may provide individuals with a terminal illness a sense of self-efficacy to accept their illness and manage problems associated with it more effectively. Self-efficacy has been posited by some²⁰ to be crucial to the psychological adjustment of individuals living with chronic illnesses¹⁷.

RESEARCH METHOD:

Keeping in view Van Manen's theoretical framework of hermeneutic phenomenology, a deeper understanding of the nature of lived experiences of cancer patients was gained in this study. This was a qualitative study that involved several steps like: detailed review of

phenomenon; investigate; on lived experience; concentrating on necessary themes; description of phenomenon through writing and rewriting and maintaining a strong relation with the review¹⁸. The universe of the present study was district Faisalabad. Faisalabad is the third big populous city of Pakistan. For the purpose of data collection, The PINUM cancer hospital, Faisalabad was selected purposively. The interview was conducted from 25 January to 21 February, 2016.

A pilot study was conducted on 5 cancer patients to assess the role of religiosity on social adjustment of cancer patients with their family, doctors and caregivers. After pilot interviews it was found that religiosity is also influencing psychological adjustment of patients. Interview guide was improved by adding another theme of psychological adjustment. For better and reliable findings, 5 initial interview of pilot study were removed from sample.

Fifteen respondents were interviewed conveniently through structured interview schedule containing three major themes i.e. general understanding about role of religiosity in psychological adjustment, religiosity in doctor patient relationship and religiosity and social adjustment of a cancer Patient. The researchers paid much attention to the topic under study by actively exploring the lived experience of cancer patients with reference to religiosity. Before conducting the research ethical and intradepartmental review committee approved the research.

RESULTS:

Findings from fifteen interviews from cancer patients revealed new realities and further comprehended the concepts of researchers about their concern towards role of religiosity and in coping with pain and dejection. The analysis of first theme contains general understanding about the role of religiosity in coping with pain and dejection of cancer patients in Pakistani society. Analysis of second theme extends further discussion on the role of religiosity in doctor patient relationship. Third and last themes cover the analytical understanding regarding the

response of cancer patients about the role of religiosity in coping with social isolation.

1. **General understating about role of Religiosity in Coping with Pain and Dejection**

There is common and almost similar response of patients about their concern towards religiosity. The majority of people accepted that religiosity has significant value in their lives.

One cancer patient said:

I do not know why I am in so much pain. But religiosity provides me peace and hope. I believe in importance of religion in this life and after life (Male, 47, Penis cancer).

The focus of the researchers was to investigate the concern or attentiveness of patient towards spiritual and religious matters for the purpose of coping strategy along with medical treatment. There were different views of patients towards the concern. Majority of the respondents stated that religiosity cannot be neglected in our lives because it provides us mental peace. The use of religious practices for treatment of disease is a necessary practice if one wants to treat cancer patients properly. As the views of one respondent:

Doctors do not focus on the religiosity of patient as well as do not believe in such activities for treatment. They usually say finish the course of medicines in time you will be fine. The consideration of religious and spiritual practices for healing purpose is very important. Only God can heal me. Only God gives me courage to fight with this curse (Male, 19, Liver cancer).

Another respondent also argued that patients go for dam-drood and do wazaif like recitation of some specific ayah for healing purposes. Whoever tells any religious and spiritual activity, they do it by having faith in God. According to the patients' point of view, there is a need of attentiveness from doctors toward religiosity and spirituality of patients because it has positive effects on treatment. It provides strength and power to patients who are in the state of depression and

disappointment due to illness. It is also important that religion influence physical health through psychological, social, and behavioral pathways. From a respondent's point of view, although modern medical system is much effective but the cure that is told by Quran is above to all cures. Another patient also supports the argument,

It is necessary to discuss patient's religiosity and spirituality because religious beliefs and practices help patients to be psychologically healthy and mentally strong. Only God can save us from these diseases (Female, 50, Breast cancer).

Most of the patients were agreed that religious beliefs and practices positively affect their treatment.

According to a respondent,

The religious and spiritual beliefs has not only provided me hope, but also a decrease in depression and intention to self-harm and increase my will power to fight with this painful disease (Male, 18, Brain tumor).

Psychological stability is also linked with social adjustment of a patient. When patient feels better, it affects its attitude with other people around.

As a respondent puts,

When I am in pain I avoid interacting people and become socially isolated. In such a painful disease, patient's mood is unpredictable. Psychological betterment and feeling of wellbeing makes my interaction better (Female, 38, Breast cancer).

2. **Role of Religiosity in Doctor Patient Relationship**

The second theme of present study deals with role of religiosity in doctor-patient relationship. It is central part to the practice of healthcare and is essential for the delivery of high-quality health care in the diagnosis and treatment of disease. In the present study, most of the respondents have point of view that there must be consideration of

religious practices in medical settings. As a patient stated:

Doctors should consider the religiosity while treating the patients because it develops positive relationship between doctor and patient and provides psychological satisfaction to the patients. Only religion provided me hope but doctors sometimes disappointed me by neglecting power of religion. It just pushes you that much more and makes you feel better (Male, 25, Lymphatic cancer).

The researchers made a deliberate attempt to find out the role of concerning religiosity in the relationship of cancer patients and doctors. As the literature illustrates that the better the relationship between doctor and patient in terms of mutual respect, knowledge, trust, shared values and perspectives about disease and life, the better will be the amount and quality of information about the patient's disease transferred in both directions, enhancing accuracy of diagnosis and increasing the patient's knowledge about the disease.

As a patient argued:

Doctors should consider the religiosity while treating the patients but I think religious and spiritual assessment is not necessary in medical setting because doctors don't have time for it. I feel uneasy to say doctors to discuss religious and spiritual issues with me (Male, 37, Blood cancer).

The reason is that considering religiosity of patient is like of treating whole person not only disease and religious history can help physician that how patient's religion affect coping skills with illness, social support and medical decisions. Most of the patients use modern medicines along with religious and spiritual practices for healing purpose and it provides personal satisfaction to them.

I think religious and spiritual assessment is necessary in medical setting because we have strong belief in God that God can diminish our pains in no time. God examines us through such pains. I feel uneasy when doctors are

not addressing religious and spiritual issues (Female, 50, Breast cancer).

When the respondents were asked about the specific type of treatment, that influence doctor's patient relationship, Most of the respondent's from the category of patients view of that local and traditional medical method positively influences doctor's patient relationship rather than modern medical system because of the behaviour of traditional medical healers. All the patients appreciate a physician who brings a personal touch to the physician-patient encounter. As a patient said:

When I visit Peer and Hakeem, they listen to me carefully and console me this influence me psychologically and causes a strong bonding between my healer and me. However, doctors do not listen to the patient carefully and they have shortage of time. They are always in a hurry and I feel uncomfortable before doctors (Female, 50, Ovary cancer).

The personal believe system is important part of human life and personal believe system towards religiosity and spirituality affects the medical treatment because it has strong psychological effects on treatment. As a patient told:

I personally believe in the positive effects of recitation of Surah Rehman for healing purpose and I always find it effective. It has decreased the chances of surgery in my disease and medicines prove effective (Female, 50, Ovary cancer).

By summarizing the analysis of this theme, the most of the respondents have same point of view that personal belief system of both doctors and patients influence the impacts of treatment. It also influences the doctor's patient relationship when doctor use healing and counseling techniques of religion and spirituality. As no dimension of life is unaffected by religion so its involvement in doctor-patient relation and addressing religious issues in doctor-patients relationship is of worth importance.

3. Role of Religiosity in Coping with Social Isolation in Cancer

The focus of this theme is to interpret the role of religiosity in enhancing quality of social life of the cancer patient in sense of hope and courage. The basic premise of analysis was to check the influence of religious factor in coping with social isolation of patients during disease. The researcher tried to find out the opinion and perception of the cancer patients towards social life. As one respondent elaborated:

It is the matter of common sense that when we lose all our hopes we look towards God. Then we just say Allah will do better. In such a disease, patient is probably isolated socially. A religion order to be social but it is not normally observed (Female, 46, Breast cancer).

Patients were considering disease as a trial from God as one respondent expressed her views:

Life and death is in the hand of God. These diseases are just trials to turn us towards him. So, in such cases family and friends care about me to make happy to God (Male, 45, Liver cancer).

Not all these studies are done in context of Pakistani society. However, as the biological reason for disease is almost same everywhere we can say that similar result can be collected here. Further information regarding concepts of patients towards life after here was gathered with the help of different probing questions. It was discovered that religion and spirituality not only improve the patient adjustment with disease but also affect the belief in life and after death. Their responses depicted their perception regarding life and after life. As one respondent stated:

Religion role is not confined to this world. I believe that our disease and every disease through a Muslim suffers help in shedding his sins, and when we recall our Allah again and again it will not remain un rewarded in this world as well as world here after (Female, 35, Breast cancer).

Terminally ill cancer patients were found with some sort of fear. They are afraid of more pain in coming time. They are always thinking of future, pain and treatment. They need to be distracted as one respondent put his views:

In this pain that is like a hell, how one can expect us to be soft spoken. Sometimes I didn't intend to hurt my family but it happened. I think they must understand why I am so rude sometimes. I am in pain and this pain is affecting my social life. Yes, Religious teachings inspire to be good with people even though I am in such condition (Male, 41, Blood cancer).

The responses collected under this theme depict the fact that how patients find religion helpful in improving their quality of life when during treatment of cancer. It is obvious from the responses that both doctors and patient consider religiously a supportive factor in the adjustment of patients with disease. Most of the patients consider disease as a trial from the God and Religious believes not only alter patient's perception about disease but also affect their belief in life and after life. All those practices that patients adopt, according to them, will be stored as reward in the world here after and also are a great source of spiritual support. Patients no more show agitation and anxiety after adopting religion and spirituality as supportive forces. It is discovered that religious person show more tendency to adjust with disease than a person with low religious concern does.

Religion, I believe cures our diseases and every disease comes to us because of our bad deeds. Allah wants to help us through his beloved persons if we request them. Doctors do not pay attention towards patient's religious and spiritual needs (Female, 45, Ovary cancer).

DISCUSSION AND CONCLUSION:

The objective of present research was to encourage health care providers to see the positive effects of religiosity on health. Religiosity refers to the degree of adherence

to beliefs and practices of an organized religion¹⁹. Religiosity is a public, human-made, formal, and socialized practice in contrast to spirituality that is quite a private matter²⁰.

Present study has developed three themes that emerged from vast review of literature. In the first theme, there are four major questions in order to check the response of respondents (cancer patients) regarding the role of religiosity in coping with pain and dejection. Researchers tried to find out the opinion of the people regarding general understanding of role of religiosity in medical treatment, their concern towards religious practices, need of doctors' attentiveness towards patients' religiosity and affects of religiosity in coping with pain and dejection. A growing body of research found relation in religiosity, spirituality, and mental as well as physical health²¹. Skokanand and Bader explains religiosity/spirituality brings hope, strength, and emotional support to an ill person that result in a sense of satisfaction²². Religious experiences provide intense spiritual joy that can exert a powerful influence in the individual's participation in life-enhancing and life-promoting activities²³. Many empirical studies confirm that religious involvement helps people to prevent and recover from illness. It also helps patients to cope with personal losses²⁴. Attending religious services dramatically influences health behavior and even death rates. Adults who both attend weekly religious services and pray or read religious scriptures daily are almost 90% less likely to smoke cigarettes than those less involved in religion²⁵.

The second theme of present study deals with role of religiosity in doctor-patient relationship. It is central part to the practice of healthcare and is essential for the delivery of high-quality health care in the diagnosis and treatment of disease. Practical reason why health professionals need to communicate with patients' religiosity/spirituality is its effect on medical decisions and medical treatments. Religious beliefs shape and effect coping skills of the patients and help in defining their illness²⁶. Studies find that 45% to 73% of seriously ill patients indicate that their religious views affect their medical decisions²⁷,

^{28, 29}. Yet 90% of physicians do not take a spiritual history or discuss these matters with patients¹⁵⁶. Only 5% of physicians have had training during their medical education on religious and spiritual issues³⁰.

The third theme is to interpret the role of religion in coping with social isolation of the cancer patient. Different researches have proved that people with strong spiritual beliefs seem to resolve their grief more rapidly after the death of a close person than do people with no spiritual beliefs³¹. Religious attendance has been associated with a longer life, more hopefulness, less depression, healthier lifestyle choices and an expanded social network. It is recognized that the spirituality and religiosity as a holistic human characteristic can have a positive influence on improvement of patients^{32,33,34,35,36}. Functional well-being, and physical well-being and reduce of distress symptoms in patients with cancer. Patients with cancer report their spirituality helps them find hope, gratitude, and positivity in their cancer experience, and that their religiosity is a source of strength that helps them cope, find meaning in their lives, and make sense of the cancer experience as they recover from treatment^{37,38}.

In terminally ill cancer patients, feelings of wellbeing are linked with religiosity. This study has revealed that cancer patients feel religious involvement as better coping strategy. They expect doctors to be paying attention on their religious/spiritual needs. Cancer patients feel it necessary for doctors to interact with them. Thus, health practitioners should discuss patient's religious/spiritual response about disease. It will provide them space for further involvement in palliative care.

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