



THE CONTRIBUTION OF SPIRITUALITY ON DEATH ANXIETY IN CANCER PATIENTS

Bharti Saini¹, Prof. Sujata Mainwal²

¹ (Research Scholar; Sociology Department; Meerut College, Meerut; 9927045098, sainibharti507@gmail.com)

² (Research Guide; Sociology Department; Meerut College, Meerut; drsujatamainwal333@gmail.com)

ABSTRACT :

Religious diversity and secularism are also the main reasons for the lack of appreciation of spiritual dimensions of health in India. Traditional religious spiritual beliefs have reduced due to the scientific and technical advancement in health care systems hence there is overlook of spirituality in health. The objective of this study was to discuss the relationship between the spirituality and mental health with regard to death anxiety while focusing on evidence-based health care interventions without regard to the spiritual orientation. A purposive sample of one hundred cancer patients (59 Men, 41 Women) aged between 20 years and 80 years formed the sample for the study. The level of distress of the participants was measured by the General Health Questionnaire-28 for each participant. It was indicated that spiritual beliefs and good mental health were the predictors of low death anxiety. Among all the demographic variables tested, only the availability of spiritual beliefs proved useful for addressing the needs of all clients, including atheists. The findings of the study have implications for spirituality with individuals who report high levels of death anxiety. The findings imply that spirituality may assist patients with cancer in coping with daily tasks, indicate that teaching on the spiritual domain of health is warranted and useful, particularly in secular, multifaith pluralistic societies in which individuals have diverse beliefs.

Keywords: Cancer, Patients, Spirituality, Mental Health, Death anxiety

Introduction :

Cancer has been one of the leading causes of death in the current generation as evidenced by the 19.3 million cases and 10 million deaths estimated in 2020. Cancer incidence in India is estimated to be 2,50,000 and cancer mortality reaching approximately 39,540 each year. As with many cancer patients, diagnosing and treating cancer cause a lot of physical and emotional pain thus interferes with their ability to perform daily activities, loss of confidence and increased incidences of sad feelings, anxiety and depression. Depression is especially more frequent in cancer patients, 31.2%, and this is far much higher than among the general population. The survey completed in North India mentioned that 49% of the newly diagnosed head and neck cancer patient fulfilled criteria for severe depressive disorders. Also, Frank et al. revealed that depression raises mortality by 25–39%, with depressive symptoms accounting for an up-to 25% higher mortality. If left untreated, cancer patient's depression results in poor compliance, frequent hospitalization, and poor prognosis and quality of life as well as contributes to high mortality rates. Cancer patients and anyone with other chronic or deadly diseases look to spirituality for comfort. According to Wagani, R. et al. (2018) who equally in their research revealed that elevating mental and spiritual health decreased death phobia in addition to improving quality of life in cancer patients. Also, Western research findings show that spirituality as a belief system and source of meanings helps cancer survivors to cope with the illness.

Spirituality is an inseparable part of people's life and affects their behavior. Here, we have used the term as part of our overall holistic view of health endorsed by the WHO. This is because, unlike religion that may involve concepts of cult, creed, rite and beliefs in a super natural power or being or gods, spirituality may encompass concepts that are religious, secular, experiential or existential. Spirituality in this study excludes religious aspects applied as religious beliefs and practice and community support, estimated by the opinion-meter belief inventory.

Spirituality is a resource that individuals with such illnesses as cancer need, among other things, spirituality is able to give meaning to life and make a person feel that they have a purpose in life, especially where one is in a state of depression, which denotes hopelessness, purposelessness and low self-esteem. Spirituality realigns one's hope and purpose in life providing a emotional benefits. Research indicates that patients who were spiritually well off appear to have a better quality of life and less depression, lower death anxiety and stress. Most spiritual evaluations have been conducted with samples drawn from Western cultures, where spirituality is mainly described in terms of belief, a relation with the gods, and frequency of church attendance but these accounts are fairly useless to study spirituality in other cultures.

Spiritual and religious factors are beginning to be sought after in health care for adding value to human lives. However, it has not been implemented in its complete form in Indian healthcare setting, and there is scanty evidence on such apps available. Studying spirituality in the given setting proves useful and can help to implement better, less judgmental treatment for patients. Most patients receive their spiritual beliefs from healthcare professionals and this can bring hope and good self-image. This cross-sectional survey-based study examines the research question of spirituality and depression among cancer patients receiving care at a medical center in Meerut.

A study conducted by Fatima H. et al., has it that religiosity, spirituality and health are positively correlated (2022). This relationship could be because of the part played by social networks (Simon, R. et al. 2021) that is often through religious practice (Selman, L. et al., 2018). Both religious and spiritual groups provide a chance of developing close relationships that may help to cope with stress, thus improving the health of a person (Fitch, M. et al. 2019). It was argued that relationships with religious beliefs or God partly explain this association (Bar-sela et al. 2019).

Another of the areas in which spirituality has been related to well-being, is that which concerns lifestyle. It promotes righteousness, which eschews ill libration and other bad lifestyles which people align with many religion later (Astrow, A. 2017). Spiritual beliefs compel people to take personal care of the body as gifts which should be protected and maintained (Triveni et al. 2017). Church attendance, prayer and meditation ,and self –assertion are effective coping methods that assists the persons facing negative life events (Abu, H. O. et al. 2018). Further, subjective and motivational aspects such psychological variables as self-estimates, personal efficacy, and willingness power connected with spiritual attendance are connected with the improvement of the health state (Visser, A. et al. 2018).

Methodology :

The research employed the descriptive research design. A self-developed semi-structured questionnaire with 28 questions, covering demographic characteristics including age, gender, family structure, parental literacy, employment status, family income and relationships with parents and friends was used. Sociocultural relevance of the questionnaire was also examined through the expert reviews of the potential respondents. All the participants were briefed about the study's goals and fears were allayed on issues of anonymity. Quantitative analysis of data was done by tabulation and percentage.

Results and Discussion :

This survey received 100 participants ranging from 20 years to 80 years. Female participants had a significantly higher mean age compared with male participants; the respondents were predominantly male. Regarding their employment status, the results reflected gender differences in which most participants were employed. The religious backgrounds of participants were diverse, the majority of the participants were Hindus 83% were from urban settlements, and 17% were from rural areas; 96% were religiously inclined, and there was a statistical difference between males and females . Of these, majority (69%) were residing with their families. Of all participants, more women (71.0%) men (78.0%) reported giving charitable services. The women desired a closer communion with God than the men: and a higher percentage of the women sought divine help for the problem of anger than did the men. Moreover, 94% of women and 61% of men prayed during hardships and 75% of women and 60% of men attempted to decrease worry through spirituality. Certain participants were wondering about the omission of God or were angry with Him; more females (26%) wondered about God's love as opposed to males (13%).

Patients were raised in a sound family background have good relationships with their parents and friends all of which are ingredients for good health psychologically. The respondents have also proposed personal happiness and life satisfaction as important elements for them. Therefore, this study aimed at identifying these aspects. There was no statistically significant difference detected in terms of personal happiness, meaning in life and satisfaction in both male and female participants. But the research also revealed that female participants were happier, had higher level of satisfaction with life and had more spiritual orientation than the male participants. This means that the mental predispositions and attitudes toward spirituality also vary between female and male respondents (Bhatt, M. 2020). In the reflection on family type it was identified that separated family respondents were more engaged in spiritual practices than group family respondents (Sharma P. et al. 2019). Respondents from joint families may possibly have been inclined by the elders in the particular study. Compared the self-estimated happiness as well as the presence of meaning in life between integrated and non-integrated persons identical resources The papers of Niemiec, R. et al. (2020) indicated that the non-integrated persons were happier and perceived more meaning in life than the integrated ones. It appears that spirituality offers greater mental health advantage to women than to men that can be due to the fact that on average women are emotionally more mature than men and religion and spirituality plays an important role in shaping their emotions.

Spirituality on the other hand or religion if you are a believer helps to bring meaning and positive morale to life. The conclusion of the present research supports the claim that people from middle income families are more spiritual as well as practice spirituality in greater extent. The low and high-income respondents are found to have more variability in their lifestyles while middle-income respondents describe themselves to live more disciplined fundamentalist lifestyle in regard to cultural measurements. There is a positive relationship between spirituality and self- reported happiness, meaning in life and life satisfaction but this relationship is modest but significant. In Deb & Strodl 2019, meaning in life was significantly and positively related to well-being. Similar to previous results, this experiment supported the notion that life meaning correlates positively with well-being with life satisfaction being positively linked with a sense of meaning in life (Singh and Bisht 2019). Furthermore, a study also focused on revealed that the search for and the experience of meaning in life are important for predicting of human well-being (Roh, S. et al 2018). Previous studies have further shown the positive relationship of life meaning in life satisfaction , as reported by Astrow, A. (2017). However, these results have to be further explored to increase the reliability of the findings.

Conclusion :

Thus the outcome of the study shows social activity, hopelessness and quality of life to be significantly correlated. Religiosity is closely connected with the subject and it Is proved that spirituality contributes a lot to the quality of life and combating against depressive disorders that are considered to be the results of the mental disorders. Improving knowledge of the connection between spirituality as well as social participation in treating patients will benefit patient care by enhancing morale. The study reveals that factors enhancing three aspects of well being and hope require focus as a tool to enhance well-being for cancer patient with depression and death anxiety.

REFERENCE :

1. Fatima, H., Oyetunji, T. P., Mishra, S., Sinha, K., Olorunsogbon, O. F., Akande, O. S., ... & Kar, S. K. (2022). Religious coping in the time of COVID-19 Pandemic in India and Nigeria: Finding of a cross-national community survey. *International Journal of Social Psychiatry*, 68(2), 309-315.
2. Simon, R., Ovais, D., & Kadeer, N. (2021). Psychological, spiritual and emotional response to COVID-19 pandemic experiences and interventions made. *Asia Pacific Journal of Health Management*, 16(2), 75-85.
3. Bhatt, M. (2020). Training of the spiritual dimension of health in India—an innovative ‘thought model’ approach. *European Journal of Public Health*, 30(Supplement_5), ckaa166-1168.
4. Niemiec, R. M., Russo-Netzer, P., & Pargament, K. I. (2020). The decoding of the human spirit: A synergy of spirituality and character strengths toward wholeness. *Frontiers in Psychology*, 11, 2040.
5. Deb, S., & Strodl, E. (2019). Quality of life and spirituality in Indian university students. *Applied Research in Quality of Life*, 14(2), 393-408.
6. Singh, R., & Bisht, N. (2019). Spirituality and psychological well-being of elderly: Gender perspective. *Current Journal of Applied Science and Technology*, 37(2), 1-10.
7. Sharma, P., Asthana, H. S., Gambhir, I. S., & Ranjan, J. K. (2019). Death Anxiety among Elderly People: Role of Gender, Spirituality and Mental Health. *Indian Journal of Gerontology*, 33(3).
8. Roh, S., Burnette, C. E., & Lee, Y. S. (2018). Prayer and faith: Spiritual coping among American Indian women cancer survivors. *Health & Social Work*, 43(3), 185-192.
9. Wagani, R., & Colucci, E. (2018). Spirituality and wellbeing in the context of a study on suicide prevention in North India. *Religions*, 9(6), 183.
10. Bar-Sela, G., Schultz, M. J., Elshamy, K., Rassouli, M., Ben-Arye, E., Doumit, M., ... & Silbermann, M. (2019). Human Development Index and its association with staff spiritual care provision: a Middle Eastern oncology study. *Supportive Care in Cancer*, 27, 3601-3610.
11. Visser, A., de Jager Meezenbroek, E. C., & Garssen, B. (2018). Does spirituality reduce the impact of somatic symptoms on distress in cancer patients? Cross-sectional and longitudinal findings. *Social Science & Medicine*, 214, 57-66.
12. Fitch, M. I., & Bartlett, R. (2019). Patient perspectives about spirituality and spiritual care. *Asia-Pacific Journal of Oncology Nursing*, 6(2), 111-121.
13. Abu, H. O., Ulbricht, C., Ding, E., Allison, J. J., Salmoirago-Blotcher, E., Goldberg, R. J., & Kiefe, C. I. (2018). Association of religiosity and spirituality with quality of life in patients with cardiovascular disease: a systematic review. *Quality of Life Research*, 27, 2777-2797.
14. Astrow, A. B. (2017). Religion and spirituality in oncology. *Spirituality and religion within the culture of medicine: From evidence to practice*, 129.
15. Triveni, D., Grover, S., & Chakrabarti, S. (2017). Religiosity among patients with schizophrenia: An exploratory study. *Indian journal of Psychiatry*, 59(4), 420-428.
16. Selman, L. E., Brighton, L. J., Sinclair, S., Karvinen, I., Egan, R., Speck, P., ... & InSpirit Collaborative. (2018). Patients' and caregivers' needs, experiences, preferences and research priorities in spiritual care: A focus group study across nine countries. *Palliative medicine*, 32(1), 216-230.