

REVIEW ARTICLE

Connections between Cancer Patients to Oneself, Others and God in Improving Their Spiritual Well-Being

Afiqah Mustafa Kamil¹, Khairunnisa Othman², Nor Shuhada Mansor¹, Rohayu Hami¹, and Mohd Afifuddin Mohamad¹

¹ Cluster of Lifestyle Sciences, Advanced Medical and Dental Institute, Universiti Sains Malaysia, Bertam, 13200 Kepala Batas, Pulau Pinang, Malaysia

² Academy of Islamic Studies, Universiti Malaya, Jalan Universiti, 50603 Kuala Lumpur, Wilayah Persekutuan Kuala Lumpur, Malaysia

ABSTRACT

The aim of this review was to evaluate the literature in spiritual-based studies to prove that the connections between cancer patients to oneself, others and God result in better recovery or survivorship from cancer diseases. Specifically, this review briefly explored the prevalence and the practices used to gain better understanding on the importance of these connections for the cancer patients in improving their spiritual well-being. A comprehensive search of published English language literatures was conducted and 11 studies were finally included in this review. Findings highlighted that the common focus of spirituality on connection with oneself, others and God have significant impacts on how patients learn to live with cancer. The findings also pointed out the positive impacts that were achieved by the cancer patients through the practices done in each type of the connection for a better disease coping ability.

Keywords: Cancer patients, Connection, God, Spiritual therapy, Spiritual well-being

Corresponding Author:

Mohd Afifuddin Mohamad, PhD
Email: afifuddin@usm.my
Tel: +604-5622392

INTRODUCTION

Cancer is the world's second-largest cause of mortality and accounted for 10 million deaths in 2020 with an estimated 19.3 million new cases worldwide (1). Overall, the burden of cancer incidence and mortality is rapidly growing worldwide and the cancer prevalence continues to rise. The diagnosis of cancer definitely brings about the emotion of fear, anxiety, depression and gloomy other than feeling uncertain in doing future duties (2-4). In recent years, the quality of life among cancer patients has received considerable attention and it has been incorporated into cancer research and therapy. People are concerned not only with the life longevity but also with its quality (5). With the rising number of cancer cases, many traditional therapies, including radiotherapy, surgery, hormonal and immune therapy as well as symptomatic and supportive therapy are becoming more available to be accessed (6).

It was also revealed that the most common complementary and alternative medicine (CAM) used were psychological and spiritual therapies (65%), vitamins or minerals (46%) and herbal medicines (42%) (7). In recent years, the use of traditional CAM

has increased and it becomes more well-received by cancer patients, including Westerners (8). Sometimes, it is commonly being taken together with conventional treatment to increase its effectiveness (9). Among of all the treatments that are being used to improve the psychological effects of diseases among cancer patients and their quality of life, spirituality has gradually became one of the main influence for survivorship study (10). In recent years, research on religious studies, spirituality, coping and health have increased significantly. Spirituality, religion and faith also act as an alternative to cope with the cancer diagnosis (11) and it is vital to pay more attention to cancer patients' spiritual needs as well.

Spirituality refers to feelings, beliefs, and phenomena relating to the transcendent and existential aspects of existence, such as God, higher power, and life's purpose and meaning (12). It is an essence to understand the meaning of life, wholeness, happiness, individuality and harmony (13). Spirituality can also be depicted as the degree of belief and acquiescence to an almighty being called God, which guides the life and destiny of man through principles and lessons that direct all important activities of living towards growth and development (14). Moreover, meaning of life can be attained by viewing disease and personal problems in a logical manner (15). Spirituality is especially important for patients with life-threatening illnesses. These patients might be confronted with concerns about death and the nature of life that

they had not considered before becoming ill.

Spiritual well-being can be defined as the affirmation of life in relationship with God, oneself, community, and surrounding that nurture and support the sense of wholeness (16). Spiritual well-being is objective and observable, and thus easily measured, as opposed to spirituality that is more nuanced and subjective to be tested (17). It consists of two domains which are religious well-being and existential well-being. Religious well-being refers to the vertical dimension of spirituality or involves a sense of personal connection with God or to something considered absolute which emphasises the relation between the person and the higher being (18). On the other hand, existential well-being means a horizontal component of spirituality that refers to one's perception of life's purpose and satisfaction (18). Meditation is one of the examples of form in spiritual well-being practice that entails a state of prayerfulness, sincere care, kindness, love, or empathy with the goal of uniting with the Supreme Being (19).

Coping is a basic mechanism that people use to recognise, assess, and learn from stressful situations. Positive coping patterns were established when the patients were looking for spiritual help and spiritual connection that included the connection of others (20). Researchers concluded that people utilized approaches that tend to address a stable relationship with God, a sense of faith, and a dependable worldview. Besides, majority of the cancer patients distinguished the significance of close, personal relationships, including family, friends, and God (21). This study also pointed out the importance of connection to cancer patients and the close link between the social and spiritual domains. A comprehensive review of literatures will provide significant evidence on how the connections help cancer patients to improve their spiritual well-being. The purpose of this review is to evaluate the evidences of spiritual-based beliefs on the connections between cancer patients to oneself, others and God in the literature by assessing the practices of spiritual, complementary and alternative medicine (CAM) which result in positive effects for the spiritual well-being of cancer patients.

MATERIALS AND METHODS

In this review, the approach used was content analysis in which the ideas were extracted and organized in a conceptual mean (22). This approach is where the categories are inferred directly from the texts. Its systematic evaluation and coding of textual data (e.g., documents, interviews) allow for replicable and useable data interpretations (23).

Primary researches that are published in peer-reviewed English language journals were included and case reports, past reviews, letters and editorials were excluded. Unpublished thesis, clinical trials,

and academic conference proceedings together with published peer-reviewed journals in languages other than English were likewise excluded. There were no limitations regarding the quantity of participants in the studies and the outcome measures that were being used. This review considered previous studies that include spiritual activities in cancer patients which were published from the year 2000 onwards. This review was carried out by using reliable databases for published studies, namely, JSTOR Archive (<https://www.jstor.org>) and Science Direct (www.sciencedirect.com). Preliminary search was done using keywords such as 'spirituality' OR 'spiritual well-being' OR 'cancer'. Then, refined search was carried out with additional keywords such as 'religion' OR 'God' OR 'support group' OR 'religion practices' OR 'spiritual health'. A copy of each article was acquired including softcopy and hardcopy and sorted out using the following details; the author(s), year, the journal, volume, edition, page number, type of cancer, spiritual or religious practices of the patients, religion, country or place and conclusion. Following the selection criteria, eleven articles were included and analysed in this review.

REVIEW ON THE CONNECTION BETWEEN CANCER PATIENTS TO ONESELF, OTHERS AND GOD IN IMPROVING SPIRITUAL WELL-BEING

Based on the articles reviewed, the spiritual practices involved in the therapies of the cancer patients were divided into three main division of connections. They are: a) connection between cancer patients to oneself, b) connection between cancer patients to others, and c) connection between cancer patients to God. It was divided in such manner to simplify each target; including the patients, the physicians and the people to have an idea what they could or should do upon encountering cancer cases.

Connection between cancer patients to oneself means they experience a more meaningful connection towards themselves which can increase their self-understanding, self-love, becoming a better person, and gaining a new perspective on life as a result of going through cancer. Connection to others is expressed as the meaningful, positive connections to others that cancer patients perceive as being important in their coping experience. These others may include family members, friends, other cancer patients, or members of the treatment team. Connection to God may involve increased closeness with God, the importance of having a connection with God when coping with cancer, and a desire to seek God's presence. Tables I, II and III present each of the connection division with examples of spiritual practices and the significant outcomes.

DISCUSSION

The connections between cancer patients to oneself,

Table I: Connection between Cancer Patients to Oneself in Improving Spiritual Well-Being

Author	Sample of patient (N/Age)	Cancer diagnosis	Religion	Practices	Outcomes
Ahmad et al. (2011) (24)	N ¹ = 3, The average age = 41.67 years old	Breast	Islam	Patients seek for meaning behind the disease Patients always try to be positive and never give up to their sickness	The cancer changes the patients' life and death perspective Patients accept the reality
Alferi et al. (2001) (25)	N ¹ = 231, The average age = 56 years	Breast	N/I ²	Patients use or seek for more complementary therapy, most commonly including meditation, imagery and spiritual healing	Patients feel more motivated to fight the disease
Guz et al. (2012) (26)	N ¹ = 110, Age (Mean \pm SD ³) = 55.5 \pm 14.5 years	Breast, head, neck, gastrointestinal tract, urinary, lung, skin, gynecologic, lymphoma, soft tissue and brain	The majority is Islam	Charms (muska) are written and worn to bring good luck to oneself Patients consume water that have been recited with prayer Patients washed their body with molten lead Patients visit the tomb of religious person to pray for their own better recovery	Patients can feel the stability of their inner peace Decreasing the feelings of hopelessness
Hatami-pour et al. (2015) (4)	N ¹ = 18, Age = 22 to 72 years old	Gastrointestinal tract, liver, lung, leukemia, lymphoma, Hodgkins, breast, uterus and ovary	Islam	Patients seek or reflect for the meaning behind the disease	Patients are being hopeful for their recovery Patients accept the reality of their diseases Patients anticipate a well-ending of death Cancer acts as the turning point and change their perception towards their lives
Henderson & Donatelle (2004) (27)	N ¹ = 551, The average age = 64 years old	Breast	N/I ²	Patients practice spiritual healing Relaxation and meditation	Patients are looking forward for fast recovery
Holt et al. (2012) (28)	N ¹ = 100, The average age = 58.54 years old	Breast, prostate, lung, colorectal and others	N/I ²	Spiritual practices	Self-understanding Patients can accept the reality Patients become better individuals
Lee et al. (2000) (19)	N ¹ = 379, Age = Under 70 years old	Breast	Protestant, Catholic, Jewish, Islam, Buddhist, ancestor worship, and others	Patients practice spiritual healing such as meditation	Patients feel more tranquil and ease the burden in their minds
Lengacher et al. (2003) (29)	N ¹ = 105, The average age = 59 years old	Breast	N/I ²	Patients practice spiritual healing, including meditation and guided imagery	Patients feel more hopeful for their treatments
Murray et al. (2004) (30)	N ¹ = 12, The average age = 65 years old	Lung	N/I ²	Patients try to accept the reality of the cancer	Patients can focus and feel more motivated to fight cancer

¹ Number of patients² Not indicated³ Standard deviation

others and God are proven to have significant impacts on how patients learn to live with cancer. Cancer can become a deep emotional encounter and experience for cancer patients and also the survivors as they try to adapt and cope towards recovery. Cancer patients usually expend large amounts of energy in dealing with diagnosis, treatment, and feeling of insecurity resulted from the probability of degeneration, death, complications, and financial problems. Sometimes, it comes to an extent where they feel uncertain and highly desperate (3). Sometimes, cancer patients will likely feel a loss of hope and dreams as well as affecting not just the body, but also the soul (34). At the same time, it

triggers disorders like loneliness, depression, and poor disease adaptation.

This review shows that spiritual and religious practices have been widely practiced, regardless of the patients' religion background. Among the positive impacts resulted from the practices were inspiration for the patients to behave with good attitude (28), being well-mannered towards the medical staffs and treatment recommended (28), giving the reassuring hope for the potential cure and their future other than encouragement to further learn about their disease and treatment (4). This suggests the stronger the patient's positive devotion

Table II: Connection between Cancer Patients to Others in Improving Spiritual Well-Being

Author	Sample of patients	Cancer diagnosis	Religion	Practices	Outcomes
Ahmad et al. (2011) (24)	N ¹ = 3, The average age of 41.67 years old	Breast	Islam	Patients consult their family and friends Patients fill their leisure time by doing charity works	Patients become more appreciative towards the support given by people around them
Hatamipour et al. (2015) (4)	N ¹ = 18, Age = From 22 to 72 years old	Gastrointestinal tract, liver, lung, leukemia, lymphoma, Hodgkins, breast, uterus and ovary	Islam	Patients discuss about their illness with family and friends Patients seek for advices from people around them	Patients perceive social support including from family, relatives, and friends especially emotional and psychological support Patients can feel the normal perception towards them, not a pitiful insight
Holt et al. (2012) (28)	N ¹ = 100, The average age = 58.54 years old	Breast, prostate, lung, colorectal and others	N/I ²	Doing charity and volunteer activities Patients help their fellow friends that are suffering the same diseases	Patients feel more closer to their family and friends Relationship with other cancer patients are generously formed Patients develop good relationship with people from the church as well as medical staffs Patients enjoy the daily lives Patients are passionate to help other people with their cancer experience
Lee et al. (2000) (19)	N ¹ = 379, Age = Under 70 years old	Breast	Protestant, Catholic, Jewish, Islam, Buddhist, ancestor worship, and others	Patients are attending support groups, joining prayer institutions or community groups	Patients get more social support and develop good connection with other people

¹ Number of patients² Not indicated

towards religion, the more effective the benefits gained towards their disease coping (31).

Spiritual evaluations and coping strategies serve as mediating variables in the stress-fighting process. Moral evaluations include initial attempts to make sense of the stressor in accordance with one's spiritual values. Spiritual coping also includes different behaviors that one person uses to react to either the stressor (focused on problems) or related emotional reactions (emotion-focused). A spiritual process of creating meanings (or finding meaning in an event) may address upon all parts of one's life, including work, general living philosophy, interpersonal relationships, behaviors, and/or whichever that individual's God may be (36).

In terms of connection between cancer patients to oneself (Table I), it emphasizes on the changes of patients' views on the reality of cancer that they need to face. This connection can also be defined as better self-understanding, increased of self-love, improving as a better individual, and gaining another viewpoint on life as the result of going through cancer experience (28). Most of the patients find tranquility by doing things that are encouraged in their religion in order to bring their state of minds to be positive (26). Patients believed that their cancer journey as a soul-awakening experience that caused them to comprehend the common delights of life that were previously unrecognized (24). Their conditions became the major cause that made them

understand the significant engagement with their own fundamental selves and also the meaning of expectation and hope. Studies also proved patients that cared about their own well-being would always have positive mindset and strive to be better individuals as a part of their ways in better cancer coping (4).

As for the connection between the cancer patients to others (Table II), they indicated that factors facilitating coping effort were the support from others for the patient to start their treatment, kindness of healthcare staff and also the encouragement from others that help the patients in being more confident with themselves (4). Patients also anticipated others to treat and interact with them normally and did not constantly discuss or talk about the disease (4). Studies also have proven that one of the elements that helps the patients in adapting with the sickness is others' demeanor towards the patients and their feelings of sympathy towards them (4). They are ready to help others in increasing the meaning and hope in their lives and yet bring the hope to others (28). Plus, many individuals talked about the strength they acquired from being able to maintain their familial connections. Family members and relatives play significant parts in addressing spiritual needs and providing cancer patients with peace and also hope (4,28). Patients can share and discuss their thoughts with their family members or friends on certain issues as a form of support. Opportunities to proceed to provide and receive love, to feel associated with their social world and to feel useful

Table III: Connection between Cancer Patients to God in Improving Spiritual Well-Being

Author	Sample of patients	Cancer diagnosis	Religion	Practices	Outcomes
Ahmad et al. (2011) (24)	N ¹ = 3, The average age = 41.67 years old	Breast	Islam	Patients strengthen the relationship with God	Positive acceptance of their illness
Gall et al. (2004) (32)	N ¹ = 34, The average age = 65.8 years old	Prostate	Protestan, Catholics, and others	Patients strengthen the relationship with God	Greater sense of internal control over illness management
Guz et al. (2012) (33)	N ¹ = 110, The average age = 55.5 ± 14.5 years old	Breast, head, neck, gastrointestinal tract, urinary, lung, skin, gynecologic, lymphoma, soft tissue and brain	The majority is Islam	Patients attach importance for the need of prayer	Patients relieve stress and retain a sense of control
Hatamipour et al. (2015) (4)	N ¹ = 18, Age = 22 to 72 years old	Gastrointestinal tract, liver, lung, leukemia, lymphoma, Hodgkins, breast, uterus and ovary	Islam	Patients seek spiritual needs to gain inner peace The need for forgiveness from God and others are crucial for the patients Patients make use of the cancer phase to strengthen the spiritual belief more, as well as the closeness with God Patients claim the importance of prayers and religious rites	Leading an overall sense of hope and optimism towards life
Holt et al. (2012) (28)	N ¹ = 100, The average age = 58.54 years old	Breast, prostate, lung, colorectal and others	N/I ²	Patients strengthen the relationship with God Seeking God's presence more	Patients start to realize the presence of God and strengthen the relationship with God The cancer experience make the patients grateful with life
Lengacher et al. (2003) (29)	N ¹ = 105, The average age = 59 years old	Breast	N/I ²	Patients tend to spend some time to pray	Patients feel at ease and in peace after prayer
Murray et al. (2004) (30)	N ¹ = 12, The average age = 65 years old	Lung	N/I ²	Patients always pray for the good health and recovery	Patients have more positive thoughts regarding the illness
Tatsumura et al. (2003) (31)	N ¹ = 143, Age = More than 18 years old	Breast, prostate, and gastrointestinal tract	N/I ²	Patients increase their personal faith Patients require the spiritual need by praying closeness with God is considered important for patients Patients spend their time by reading the Bible	Patients become more optimistic and believe in their religious faith and God

¹ Number of patients² Not indicated

were profoundly valued. Besides, most of them tend to get involved with outside activities such as volunteer works and also charity works. Volunteering can provide a fresh sense of identity and purpose while creating a ripple of good in the world. These activities help them to enjoy their lives more and also to nurture positive feelings of the patients towards their surroundings (28). Patients believe that the connection between them and God (Table III) also brings more positive impacts to them by doing their own religion practices. A supportive relationship with God can help them in keeping a reasonably optimistic view of their perspective on their actual well-being status (32). Researchers emphasize the importance of the connection with God as an aspect of spirituality that may provide some hope, optimism, and inner strength in adapting to stress (4). Such a view could guide them to stay more emotionally healthy and engaged in different aspects of their lives. When patients are faced with more distressing or challenging conditions, they turned to God for significance.

Spirituality with religious rituals, such as praying, plays an important role in accepting diseases. Praying has an important role in coping with cancer and helps the patients to improve their spiritual health when they are sick (33). Besides, having little control over their condition and internal resources due to the deteriorating nature of the disease is another factor influencing their connection with God. The supportive relationship that they formed with God over the course of illness is the source of relief from the daily distress (33). They felt as if all doubts were eliminated when they turned to faith, as they placed their entire trust in God's arrangement. They also became more motivated to fight cancer because they came to firmly accept that God and not the doctors decided the courses of their life and death (24).

The connection between cancer patients to oneself, others and God are closely related to one another. When patients try to accept the reality of cancer (33), they strengthen their connection to God which will bring

positive acceptance of their own illness (24). The feeling that one has a positive relationship with God can give an individual a sense of self-acceptance and belonging as well as provide a source of emotional comfort when faced with a life-threatening illness. Many of the cancer patients said they had an active and intimate connection with God (28) that helped them to feel less alone and gave them courage to deal with their disease. Other than that, patients that attend the religious institutions or community support groups (19) are also aiming to strengthen their spiritual beliefs which will lead them to feel more grateful towards their own lives (28). All of these prove that these types of connections are important for the spiritual well-being of cancer patients.

While conventional medical care facilitates major treatments for patients with cancer, it may not be adequate to comprehend the scope and depth of cancer survivors' struggles. Therefore, spiritual factors such as the importance of these connections to the cancer patients can be considered as important support for healthcare practitioners and educators in helping the patients to have a better well-being. Survivors' quality of life may be improved as a result of the efforts made. The findings can aid for a further study into the roles of spirituality in effective coping of spiritual well-being in the lives of cancer patients.

CONCLUSION

This review has established a working framework for the exploration regarding the positive impacts of spiritual practices and the connection between patients to oneself, others and God in cancer coping. By understanding this overall framework, the emerging themes can be articulated. Spiritual awareness is very important to bring joy and health into the soul of a cancer patient. The understanding of spirituality is a necessity for cancer patients in treating themselves, apart from undergoing modern treatments proposed by the medical doctors. Spiritual healing requires commitment by cancer patients in regulating their thoughts and feelings for optimal well-being. This allows patients with cancer to have more energy to cope with the pain and resilient in facing adversaries. The findings thus highlighted that the connections involved bring positive impacts to both physical and spiritual aspects and could work in concurrence with conventional medical treatment.

ACKNOWLEDGEMENTS

This work is supported by Universiti Sains Malaysia (USM) under the code USM/JEPeM/20010071.

REFERENCES

- World Health Organization [Internet]. 2021 Mar 3 [cited 2021 Jul 6]. Available from: <https://www.who.int/news-room/fact-sheets/detail/cancer>
- Vachon ML. Meaning, spirituality, and wellness in cancer supervisors. *Seminars in Oncology Nursing*. 2008;24(3):218–225.
- Sajjadi M, Rassouli M, Abbaszadeh A, Alavi Majd H, & Zendedel K. Psychometric properties of the persian version of the michel's uncertainty in illness scale in patients with cancer. *European Journal of Oncology Nursing*. 2014;18(1):52–57.
- Hatamipour K, Rassouli M, Yaghmaie F, Zendedel K, & Majd HA. Spiritual needs of cancer patients: A qualitative study. *Indian Journal of Palliative Care*. 2015;21(1):61–67.
- Montazeri A. Health-related quality of life in breast cancer patients: a bibliographic review of the literature from 1974 to 2007. *Journal of experimental & clinical cancer research*. 2001;27(1):1.
- Lim GCC. Overview of Cancer in Malaysia. *Japanese Journal Clinical Oncology* 32 (Supplement 1). 2002;32(1):37–42.
- Tough SC, Johnston DW, Verhoef MJ, Arthur K, & Bryant H. Complementary and alternative medicine use among colorectal cancer patients in Alberta, Canada. *Alternative Therapies in Health and Medicine*. 2002;8(2):54–64.
- Elliott JA, Kealey CP, & Olver IN. Using complementary and alternative medicine: the perceptions of palliative patients with cancer. *Journal of Palliative Medicine*. 2008;11(1):58–67.
- Akyol AD, & Oz B. The use of complementary and alternative medicine by patients with cancer: in Turkey. *Complementary Therapies in Clinical Practice*. 2011;17(4):230–234.
- Gonzalez P, Castaneda SF, Dale J, Medeiros EA, Buelna C, Nucez A, & Talavera GA. Spiritual well-being and depressive symptoms among cancer survivors. *Supportive Care in Cancer*. 2014;22(9):2393–2400.
- Lim JW, & Yi J. The effect of religiosity, spirituality and social support on quality of life: A comparison between Korean American and Korean breast and gynecological cancer survivors. *Oncology Nursing Forum*. 2009;36(6):699–708.
- Richards PS, & Bergin AE. A spiritual strategy for counseling and psychotherapy. *American Psychological Association*; 1997.
- Tanyi RA. Towards clarification of the meaning of spirituality. *Journal of advanced nursing*. 2007;39(5):500–509.
- Verghese A. Spirituality and mental health. *Indian Journal of Psychiatry*. 2008;50(4):233.
- McCoubrie RC, & Davies AN. Is there a correlation between spirituality and anxiety and depression in patients with advanced cancer. *Supportive Care in Cancer*. 2006;14(4):379–385.
- Spiritual Well-Being: Scale Development and Validation [Internet]. [cited 2022 Dec 22]. Available from: https://www.researchgate.net/publication/315910160_Spiritual_Well-Being_Scale_Development_and_Validation

17. Monod S, Brennan M, Rochat E, Martin E, Rochat S, Bbla CJ. Instruments measuring spirituality in clinical research: a systematic review. *J Gen Intern Med*. 2011;26(11):1345-57.
18. Paloutzian RF, & Park CL. *Handbook of the psychology of religion and spirituality*. Guilford Publications; 2014.
19. Lee MM, Lin SS, Wrensch MR, Adler SR, & Eisenberg D. Alternative therapies used by women with breast cancer in four ethnic populations. *Journal of the National Cancer Institute*. 2000;92(1):42-47.
20. Pargament KI, Smith BW, Koenig HG, Perez L. Patterns of Positive and Negative Religious Coping with Major Life Stressors. *Journal for the Scientific Study of Religion*. 1998;37(4):710.
21. Prince-Paul M. Understanding the Meaning of Social Well-Being at the End of Life. *Oncology Nursing Forum*. 2008;35(3):365-71.
22. Elo S, & Kyngas H. The qualitative content analysis process. *Journal of Advanced Nursing*. 2008;62(1):107-115.
23. Graneheim UH & Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*. 2004;24(2):105-112.
24. Ahmad F, Muhammad M, & Abdullah AA. Religion and spirituality in coping with advanced breast cancer: perspectives from Malaysian Muslim women. *Journal of Religion and Health*. 2011;50(1):36-45.
25. Alferi SM, Antoni MH, Ironson G, Kilbourn KM, & Carver CS. Factors predicting the use of complementary therapies in a multi-ethnic sample of early-stage breast cancer patients. *Journal of the American Medical Women's Association*. 2001;56(3):120-123.
26. Guz H, Gursel B, & Ozbek N. Religious and spiritual practices among patients with cancer. *Journal of Religion and Health*. 2012;51(3):763-773.
27. Henderson JW, & Donatelle RJ. Complementary and alternative medicine use by women after completion of allopathic treatment for breast cancer. *Alternative Therapies in Health and Medicine*. 2004;10(1):52.
28. Holt CL, Schulz E, Caplan L, Blake V, Southward VL, & Buckner AV. Assessing the role of spirituality in coping among African Americans diagnosed with cancer. *Journal of Religion and Health*. 2012;51(2):507-521.
29. Lengacher CA, Bennett MP, Kip KE, Berarducci A, & Cox CE. Design and testing of the use of a complementary and alternative therapies survey in women with breast cancer. *Oncology Nursing Forum*. 2003;30(5):811-21.
30. Murray SA, Kendall M, Boyd K, Worth A, & Benton TF. Exploring the spiritual needs of people dying of lung cancer or heart failure: a prospective qualitative interview study of patients and their carers. *Palliative Medicine*. 2004;18(1):39-45.
31. Tatsumura Y, Maskarinec G, Shumay DM, & Kakai H. Religious and spiritual resources, CAM, and conventional treatment in the lives of cancer patients. *Alternative Therapies in Health and Medicine*. 2003;9(3):64.
32. Gall TL. Relationship with God and the quality of life of prostate cancer survivors. *Quality of Life Research*. 2004;13(8):1357-1368.
33. Guz H, Gursel B, & Ozbek N. Religious and spiritual practices among patients with cancer. *Journal of Religion and Health*. 2012;51(3):763-773.
34. Villagomez LR. Spiritual distress in adult cancer patients: Toward conceptual clarity. *Holistic Nursing Practice*. 2005;19(6):285-294.
35. Stewart WC, Adams MP, Stewart JA, & Nelson LA. Review of clinical medicine and religious practice. *Journal of Religion and Health*. 2013;52(1):91-106.
36. Pargament KI. *The psychology of religion and coping*. New York: The Guilford Press; 1997.
37. Magill L. The spiritual meaning of pre loss music therapy to bereaved caregivers of advanced cancer patients. *Palliative Support Care*. 2009;7(1):97-108.