BREAST CANCER SURVIVORS GIVE VOICE: A QUALITATIVE ANALYSIS OF SPIRITUAL FACTORS IN LONG-TERM ADJUSTMENT

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SUMMARY

As part of a cross-sectional, quantitative study on adjustment factors in long-term breast cancer survival, 52 women were asked to write in their own words how religious and spiritual factors played a part in their understanding of and coping with this illness. A subsample of 39 women responded to this question. The qualitative method of content analysis was used to define meaning units, descriptive categories and themes from the data. Interpretation of themes in the data focused on the role or function of spiritual/religious factors in long-term adjustment to breast cancer. The majority of women discussed the positive role of various spiritual resources in their response to the experience of cancer, including relationship with God, religious coping activities (e.g. prayer), meaning and social support. A cognitive model of adjustment was proposed which shows how spiritual resources can help breast cancer survivors make meaning of and experience a sense of life affirmation and personal growth in relation to the cancer. Copyright © 2002 John Wiley & Sons, Ltd.

INTRODUCTION

Although a plethora of research has been conducted in the area of stress and coping over the past 30 years, it has been only recently that researchers have turned toward the religious/spiritual domain as a potential resource for individuals confronted with stressful life events. Most notably, Pargament (1997) has discussed how various religious resources such as religious appraisals, beliefs and coping behavior can be integrated within, and as a result, enrich existing models of stress and coping (e.g. Lazarus and Folkman, 1984). For example, Pargament et al. (1990) found that religious beliefs (e.g. in a just, benevolent God), experiences (e.g. a supportive God), rituals and support were related to more positive outcomes for a sample of Christian church members coping with various negative life events such as the illness of a friend. Pargament et al. (1994) also demonstrated that religious coping activities were predictors of psychological distress both cross-sectionally and longitudinally for a group of college students responding to the news of the Gulf War. Other studies have identified the importance of religious factors in coping with the death of a child (McIntosh et al., 1993) or a friend (Park and Cohen, 1993), and parental divorce (Shortz and Worthington, 1994).

Religious/spiritual resources can be particularly relevant in dealing with situations of severe stress which involve an element of personal threat or loss such as in the case of illness (McCrae, 1984; Shrimali and Broota, 1987). Spilka et al. (1983) found that patients with a life-threatening illness emphasized the profound significance of their religious faith in their lives. More specifically, religious/spiritual factors have been related to adjustment to cancer (Cotton et al., 1998; Heim et al., 1993; Johnson and Spilka, 1991; Krause, 1990).
Many cancer patients tend to view religion as salient in their lives (Jenkins and Pargament, 1988). Halstead and Fernsler (1994) found that in spontaneous letters to the researchers, men and women reported that praying and putting trust in God was the strategy they used most often and found most helpful in coping with the stress of cancer survival.

Breast cancer patients, in particular, report religious faith to be an important source of support in dealing with their illness (Heim et al., 1993) and that the cancer experience, itself, can lead to an increased awareness of spiritual issues (Cavanaugh, 1994) as well as an increased reliance on religion and prayer (Johnson and Spilka, 1991). Religious/spiritual factors have been related to various aspects of breast cancer adjustment including self-reported physical well-being (Highfield, 1992), general quality of life and a fighting spirit coping style (Cotton et al., 1998), self-esteem and optimism (Gall et al., 2000), decreased anxiety (Kaczorowski, 1989), increased hope (Mickley et al., 1992), positive appraisals and nonreligious coping (Gall, 2000) and higher life satisfaction (Yates et al., 1981).

Religious factors may be especially helpful in coping with the more existential concerns of daily living (e.g. maintaining health) for long-term cancer survivors (Halstead and Fernsler, 1994; Heim et al., 1993; Highfield, 1992; Swensen et al., 1993). Various religious beliefs and practices can function as important sources of values and guidelines for conducting one's life. As Kurtz et al. (1993) noted, developing and maintaining a positive philosophical/spiritual outlook on health may be key to long-term cancer adjustment. Jenkins and Pargament (1995) and Pargament et al. (1992) have proposed that religious/spiritual factors (i.e. beliefs, practices, aspirations and relationships) operate as one part of a general orienting system that affects how an individual interprets or appraises and then ultimately approaches and deals with a stressful event such as the diagnosis of cancer. Religious/spiritual beliefs provide a framework of meaning for illuminating, interpreting, integrating and understanding an individual’s life experiences (Acklin et al., 1983) especially when circumstances seem unanswerable (Pargament et al., 1990).

As part of a general orienting system or interpretative framework, religious/spiritual resources may serve multiple functions in long-term adaptation to cancer including maintaining self-esteem and confidence, providing a sense of meaning or purpose, giving comfort, reducing emotional distress and increasing inner peace and engendering an overall sense of hope and a positive attitude toward life (Jenkins and Pargament, 1995; Johnson and Spilka, 1991; Levin, 1994; Maton, 1989). Religious beliefs have been found to help individuals cognitively reframe or reconstruct the meaning of negative events (Pargament and Park, 1995) such that they can sustain a sense of justice and benevolence when bad things happen (Jenkins and Pargament, 1995). Ersek and Ferrell (1994) suggested that spiritual and religious interpretations of illness can help the individual with cancer to reframe his or her experience as having some positive consequences such as being brought closer to others or being better able to identify what is important in life. This ability to positively reframe life and the illness is an active-cognitive coping strategy frequently relied on by cancer survivors (Jarrett et al., 1992; Krause, 1993). As an active-cognitive strategy, religious beliefs in turn can facilitate an active attitude toward coping in response to a stressful situation which further sets the stage for greater well-being. For example, Cotton et al. (1998) found that spiritual well-being was positively related to a fighting-spirit coping style and negatively related to a helpless/hopeless-coping style in breast cancer patients. An active-cognitive style of coping has also been linked to better health care orientation and decreased distress for long-term cancer survivors (Friedman et al., 1990).

In particular, researchers have noted the importance of relationship to God as an aspect of spirituality that may provide a source of hope, optimism and inner strength in coping with stress (Burkhardt, 1994; Gaskins and Forté, 1995; Highfield, 1992). Many women with breast cancer make reference to their active relationship with God and need for closeness to God and how it helps them feel less alone and gives them courage in dealing with their illness (Johnson and Spilka, 1991). Gall et al. (2000) found that breast cancer survivors who experienced the presence of God in their lives reported having a more optimistic attitude toward life, in general and cancer survival, in particular. In turn, an optimistic attitude was related to greater emotional well-being for these long-term cancer survivors. Park and Cohen (1993) also found that individuals, who attributed illness to a loving God, were more likely to report
a positive reinterpretation of their illness as well as to focus on personal growth in their adjustment process.

A positive relationship with God that embodies a sense of self-acceptance, belonging and attachment may also provide a source of emotional comfort to the individual faced with a stressful and threatening circumstance (Burkhardt, 1994). Johnson and Spilka (1991) found a repeated theme in the writings of breast cancer survivors of God being an ever-present supportive healer, constant companion and confidante throughout their illness. In addition to providing comfort, this attachment or connection to an ultimate other or greater force than self may help to preserve or buttress an individual’s self-esteem and sense of personal control or efficacy (Jenkins and Pargament, 1995). If seen as just and benevolent, God might offer an external framework of control that is more benign perhaps than fate (Pargament et al. 1982). In this way, relationship with God helps to make an uncontrollable event endurable (Pargament et al., 1990) and thus reduces related emotional distress. As well, a degree of experienced partnership with God which denotes more of an interactive style might serve to further empower the individual in the face of an uncontrollable event such as illness (Pargament and Park, 1995). In contrast, if God’s control is perceived in a more negative fashion (e.g. as the cause of the illness, as punishment), individuals experience greater distress in their adjustment (Flores et al., 1998).

Present study

Although the previous research has discussed the potential role of religious/spiritual factors in providing a cognitive framework from which to view a stressful event, few have addressed this role directly in relation to women’s meaning-making and their experience of life affirmation and personal growth following breast cancer. The purpose of the present study was: (1) to describe the nature of specific religious/spiritual factors identified by long-term breast cancer survivors and (2) to understand the role of these factors in adjustment especially in relation to meaning-making, life attitudes and personal growth.

METHOD

Sample

As part of a cross-sectional, quantitative study on adjustment factors in long-term breast cancer survival, 52 women were asked to write in their own words how religious and spiritual factors played a part in their understanding of and coping with this illness. A subsample of 39 women responded to this request. The majority (97%) of these women were residents of the city of Ottawa, Canada and surrounding area. The mean age of the sample was 55.2 years with a range between 39 and 70 years. The majority of women were married (76.9%), had a university degree (53.8%), and had an annual family income of over $30,000 (84.6%). In terms of religious affiliation, 35.8% of the women were Protestant, 43.6% Catholic, 0.05% Jewish, and 15% unspecified. A large portion of the women (58.9%) reported attending church one or more times per week while only 23.0% attended infrequently or not at all. Most women reported that religion (61.5%) and spirituality (82.1%) were important or very important in their lives. For the majority of the sample (74.3%), it was their first diagnosis of cancer. The time since diagnosis ranged between 4 months and 23 years with a mean post-diagnosis of 4.75 years. Compared to the sample of 52, this group had a lower percentage of Protestant women and women who felt that religion was important or very important to their lives. As well, more women in this subsample had a first diagnosis of cancer.

Instructions for the written report

If you have the time, we would like to give you the opportunity to tell in your own words how religious and spiritual factors played a part in your understanding of and coping with this illness.

Procedure

Participants were recruited through advertisement in local newspapers as well as in the Ottawa, Ontario and Canadian Breast Cancer Action Newsletter. The BCA newsletter is circulated to breast cancer survivors, breast cancer clinics and various medical professionals. Participants completed this written assignment at home and
returned them by mail. Participation in this study was voluntary.

Data analysis

Analysis of these stories followed an empirical phenomenological psychological approach as set out in Patton (1990). In phase one of the analysis, the following steps were utilized: (1) all the materials from all participants were read through in their entirety on three separate occasions so that the researcher could get a close feel for the nature of each survivor’s discourse; (2) the written material was broken down into meaning units; (3) meaning units were ascribed descriptive labels (e.g. prayer); and (4) descriptive categories were reorganized into themes, each theme representing a larger component of adjustment. For example, the descriptive categories of prayer and church attendance were reclassified under the theme of religious coping activity. This process was repeated a second time by the same researcher 8 months later to determine if meaning units were described and then classified in the same manner. Theme categories were found to have moderate to high intra-rater reliability, ranging from 0.71, Meaning, to 0.96, Relationship with God.

To address the potential for researcher bias, a second researcher, unfamiliar with the study, independently reviewed the meaning units. Although there were differences in the descriptive labels applied to specific meaning units (e.g. belief about an event vs meaning), similar theme categories were derived. When differences in descriptive labels were encountered, these meaning units were discussed and a consensus was reached on which aspect of adjustment they represented and under which theme category they were subsumed. There was only one consistent difference between the two researchers regarding a descriptive label applied to several meaning units. The second researcher had introduced the concept of faith to describe the content of some meaning units. When these units were discussed, it became clear that the concept of faith existed in relation to other descriptive categories, for example, meaning, prayer and relationship with God. Through discussion, it was decided that the concept of faith was not a separate theme category (or resource) but an element of a variety of resources used and so it is presented in this manner in the Discussion section.

In the second phase of data analysis, meaning units from each theme category were reread within the context of the entire written story of each woman. Notes were taken on how the women made links between particular religious/spiritual meaning units and other aspects of their adjustment or well-being. For example, some women talked about how prayer helped them to remain calm at various points in the cancer process (e.g. treatment).

RESULTS

The following religious/spiritual theme categories were identified in the writings of these breast cancer survivors.

Relationship with God

Thirty-one of these women wrote about their relationship with a higher power, usually identified as God, as having an important and active role in their adjustment to breast cancer. Although two women were surprised that they had looked to God on the diagnosis of breast cancer, most women had actively turned to and relied on God for support and guidance. God was experienced as a deeply felt, personally defined ‘presence’ within these women’s lives. God was perceived as loving, supportive and forgiving and as the provider of the gift of life.

Most of the survivors who turned to God did not request specific ‘miracles’ but sought support and comfort in this relationship. These women did not perceive God as being responsible for the cancer or their healing but as a presence who would watch over them through the difficulties they were to face. This supportive relationship is captured in the metaphor ‘[to be] in the palm of God’s hand’ as communicated by one woman following her diagnosis: ‘I felt as though there was no solid ground under my feet — I was in free fall! And I remembered that ‘underneath are the everlasting arms. Yes! That changed everything . . . From here on, each time I had bad news (or just nuisances) I’d see myself falling...into His arms’. God did not have to heal these women, it was comfort enough that He was there to share in their suffering.

While relying on God for solace, these women did not seek to discharge their personal responsi-
bility for coping: ‘God would help me but I had to do my part too, that was expected of me by the Providence to which I trusted my life’. They sought to share their experience and seek guidance in the adjustment process. These women also did not experience a diminished sense of personal control in their relationship with God although giving control over to God might be experienced as a difficult process for some individuals. They experienced this shared control with a higher power as a positive release from an uncontrollable situation. One woman described her relief at sharing this burden: ‘When things are too much, I turn to God, and tell Him He has to deal with it because I can’t. I found that surrender to God’s will, ‘Thy will be done’, was very difficult. It took me a long time to see it not as a giving up of hope, but rather a letting go of the outcome, putting my life and death in His hands’.

Although most survivors experienced a positive relationship with God, three women felt ambivalent (i.e. unsure of God’s existence) and two women felt negative about this relationship. For two of the ambivalent women, their feelings of doubt appeared to pre-date the diagnosis of cancer. They had been questioning this spiritual issue for some time and were unsure now how God could help them with the cancer. The third woman’s faith was clearly shaken by the cancer experience, as she talked of her struggle to maintain her belief in God during times of great physical pain and discomfort. Only two women had a negative image of God as a result of feeling let down in their requests for direct healing. One woman felt disappointed that God would allow the suffering of good people. In talking about a friend who had been in extreme pain from cancer she concludes from her unanswered prayers that: ‘It was then I decided that I wanted nothing to do with this cruel, unjust God’. Another woman simply stated that ‘[she was] not sure if I will ever believe that ‘God’ loves me again’. For these two women, there appears to be an unspoken belief that God either caused the cancer or was holding back on the cure for the cancer. They have turned to God under extreme duress, seeking a specific intervention that is believed to be in God’s power to give. When their prayers are unanswered, they are left feeling angry or confused toward a God who is perceived to be punitive and indifferent to the suffering of people.

### Religious coping activities

These breast cancer survivors (35/39) used a variety of religious/spiritual coping activities including prayer, church attendance, scripture readings, carrying of medals, meditation and visualization. The most common religious coping strategy and the one most spontaneously engaged in was prayer, both personal and intercessory. Personal prayer consisted mainly of two types: petitionary and colloquial (Poloma and Pendleton, 1989, 1991). In petitionary prayers, women requested inner strength and courage to face the cancer and treatment, healing, and meaning. Some women turned to God to fortify their ability to cope with the cancer as noted: ‘I prayed many times throughout the day—short, to the point prayers like ‘help me through this’’. These prayers were an invocation of God’s presence so that the woman did not feel alone in her fight against the cancer. When requesting a healing, some prayers had a pleading quality, appearing to come from a feeling of desperation. Other requests for aid communicated more a wish or a hope for healing or an actual call for healing as seen in the following: ‘I would never begin a treatment without taking a moment to pray out loud. I asked God to turn the radiation beams into His holy light annihilating any cancer cells that may have escaped the scalpel’. Women also relied on prayer as a way of constructing meaning out of the cancer. They were not seeking assistance in a physical or emotional sense but an understanding of what was happening to them.

In colloquial prayers, the women sought guidance from or more frequently offered gratitude to God. These women are thankful for not just being alive but for being the recipients of various gifts such as available treatments, family, friends, nature and other life joys. They do not take their lives for granted but have been reawakened to the blessing of their world: ‘I realize it would be hard to be thankful for this experience; but I thank my Lord every day . . . for all that I have learned during this time . . . new people I have met . . . for the realization that life is so precious . . .’

In addition to personal prayers, several women requested or were the spontaneous recipients of intercessory prayer. Intercessory prayer gave these women the comfort of strong communal caring and the hope (at times certainty) that they would survive the cancer. As one woman reflected: ‘I really felt I came through it ok (it wasn’t as bad as
I expected) and was sure I would at the time because I had many people praying for me all over the country. As well, intercessory prayers reinforced the woman’s sense of belonging and personal worth in relation to significant others such as family, friends and the greater church community. This knowledge of belonging provided these women with a well of strength and encouragement on which to draw in their daily fight against the cancer.

A few women experienced emotional and spiritual benefit from remaining connected to and engaged with their church community. Church attendance also served as a vivid reminder of the presence of God for these women and the hope of survival. A couple women attended special healing masses during which they experienced a profound spiritual connection to the greater community of the church which was quite cathartic: ‘I don’t remember the service but I remember the emotion. From the beginning tears were running down my face uncontrollably, there was this feeling of unity and wholeness in the church. I remember praying on my knees... I felt very at peace driving home and very subdued’. Finally, some women benefitted from the material support (e.g. rides to treatment) provided by members of their parish.

Social support

It is apparent from this study that a survivor’s sense of connection is an integral component of what she defines as spirituality. Relationships with family, friends and fellow parishioners reflected a belief in a greater wholeness or unity in life and in a relationship with a higher power. Support was seen by some as a manifestation of God’s presence and a channel through which God helps the survivor as stated in these two quotes, respectively: ‘For me, the love and support of friends was the first direct manifestation of ‘God’ to me—whether or not there was a Creator’ and ‘I believe God worked through my husband and children and extended family and friends who were a great support to me’. It is through relationships that the survivor’s inner spirit is nourished and encouraged to grow.

This sense of spiritual connection is readily apparent in breast cancer support groups. Here a woman is able to share her private struggle with cancer with those who have an intimate understanding of what she is going through: ‘I began to see that many had this same spiritual quest and experience, regardless of religion or no religion. ... Here we support each other in our living and dying...[we created]...communities of spiritual seekers’. In another woman’s experience, she describes the power of sharing both difficulties and successes with other survivors: ‘Support groups help—I meet weekly...to share triumphant moments (mine and theirs) and have celebrated the life and death of my sister-sufferers. I gain new spiritual understanding with each triumph and tragedy’. It is this reciprocity of sharing in support groups that is an essential element of spirituality for the breast cancer survivor.

Meaning

In their descriptions of coping with cancer, these women often (25/39) talked about issues of meaning. Meaning was created within the greater context of these women’s spirituality and in particular to their link with a higher power. A few women struggled with reaching an understanding of why they had been diagnosed with cancer. Most of these woman did not believe that God was to blame for the cancer but that the cancer did serve some Divine purpose. The cancer was a part of God’s plan for an individual, for example, a signal that a person needed to evaluate how she was living her life. From a more traditional Christian perspective, one woman talked of the idea that suffering is a test to strengthen one’s self: ‘I believe God doesn’t make any mistakes, and many of the trials and suffering we endure serve a purpose. I believe suffering cleanses the soul and causes us to remember our frailty and our dependence on God. Our trials serve as a testing point in order to teach us our mistakes and how to overcome them. I believe the true test of a person is not when things are going well, but rather when everything is going wrong’. Others perceived the cancer to be a ‘gift’ or ‘blessing’ from God in that it signaled a new beginning to life and heightened their awareness of the good things in life (e.g. love of a spouse). Only one woman perceived God as to blame for her cancer. In seeing God as responsible, she experienced confusion and an inability to make sense out of suffering, a confusion that it in turn led her to question the existence of God.
Life affirmation/growth

As a result of living with cancer, about half of these women (20/39) spoke of experiencing a new awareness of life or a reaffirmation of life. They felt more connected to their everyday life, whether it be tasks or activities they were participating in or in their interactions with significant others. One woman describes this process of opening up to life from her personal view of spirituality: ‘Better it is to live the unknown, the ever nearby fear, trusting the movement of the LIFE that LIVES ME —through joy and pain, sickness and health, life and death. This LIFE is my treasured gift which I nurture as best I can. It is mine to explore, to make choices and share with others. Hopefully, there will always be room to make it a playful adventure’. A second survivor shares a similar perspective on life but ties her interpretation more directly to Christian doctrine: ‘The verse from Deuteronomy came clearly to me: ‘See, I have set before you Life and Death. Therefore, choose life (paraphrased)’. … I had to make a conscious choice to choose life, no matter what it brought, and resist death and death-like thinking [depression and suicide].’

Adopting a positive attitude was an important aspect of life affirmation for these cancer survivors (20/39). This positive attitude was not defined from a position of denial or avoidance but represented an active choice on the part of these women in determining what aspects of life to focus on. One woman reflected: ‘I would say my present attitude to my disease is hopeful, positive but also realistic. I live my life aware that at any point I could suffer a relapse. I take positive steps to do the things in my life which I want to do and not do the things I don’t want to do!’ This attitude encompasses the desire to fight the cancer and to live life at its optimum despite the cancer and its physical effects. Some women adopted an attitude of ‘taking each day as it comes’. A couple women viewed the cancer as a challenge that would provide them opportunities to evaluate what matters in life and to grow and mature.

Several of these survivors (22/39) described the cancer as setting the stage for their personal growth and transformation. They believed that the cancer had strengthened them and taught them new life lessons. The experience of cancer led these women to engage in an evaluation process, reprioritizing their values in an attempt to find the ‘right components’ in their lives. Self-reflection led the breast cancer survivor to grapple not just with the illness but with other problematic and painful life issues. For example, three women reviewed difficult family relationships and two reached out for reconciliation. As an outcome of this reflective process, these women felt that they had grown in inner strength and peace. They experienced an increase in confidence and esteem, seeing the worth they had to offer others. An integral part of this personal growth for some, was their becoming more spiritual and having an even stronger relationship with God. Overall, these survivors felt that they had become ‘better person[s]’, more thoughtful, compassionate, understanding and accepting of others.

As part of choosing life, some women shifted their focus more toward significant others. They became more aware of their responsibility in how they related to others. This responsibility in relationship was most apparent in the family domain, where survivors made active choices to prioritize their relationships with spouse, children and grandchildren above other life domains such as work. In a few cases, one of the main reasons to continue living was to be with family and share in their everyday life and future plans. In addition, women shifted toward a desire to reach out and help others in their community. This altruism was most often expressed in relationships with other breast cancer survivors. These women wanted to provide education on coping with cancer and offer spiritual and emotional support to those women who may not have as many resources. From a perspective of spirituality and connectedness, these survivors grasped the importance of living in interaction with others and giving back to their community. It is this purpose that sustains them and allows them to further integrate the cancer experience as being meaningful as reported in the following excerpt: ‘After a while I was able to reach out to help others going through a similar experience. … Cancer has, in many ways, been a gift. I have learned so much, I have had time to strengthen and heal many relationships, … I have come to a place in life where I feel peaceful and strong. I have developed an abiding faith that no matter what happens I can cope and it will be alright (all this despite having Stage IV incurable cancer!)’.

DISCUSSION

Through exploration of the links between spiritual/religious resources and aspects of well-being, a cognitive model of adjustment was proposed (see Figure 1). As a crisis, cancer called into question existential issues (e.g. mortality), life values and priorities (e.g. career vs family role), aspects of identity (e.g. as a driven person) and spirituality. The diagnosis of cancer is experienced as a time of ‘spiritual anguish’. However, the cancer does not solely disrupt but sets the stage for reflection, activity and change or growth (Carver, 1998; Gilliland and James, 1997; Park, 1998). In this model, relationship with God, religious coping activities and social support are seen to play key roles in meaning-making and in personal growth of the long-term survivor. Religious/spiritual beliefs, in particular, can be an invaluable resource in the adjustment process as they are less ‘shaken’ by and may even be strengthened by the experience of a traumatic event. As such, religious beliefs provide a stable cognitive framework from which to make meaning of and integrate the trauma (Overcash et al., 1996).

In the present study, the religious/spiritual belief in a higher power appeared to be a relatively stable resource for most women which was intricately intertwined in the fabric of how they understood and approached the cancer. Relationship with God served a variety of functions for these women including: encouraging greater inner strength or faith in self; providing guidance in life decisions; reducing emotional distress and increasing calm; supporting the process of personal growth from crisis; creating meaning around the cancer event; and leading one to a positive attitude of acceptance and hope (see Table 1). Relationship with God was seen primarily as a source of emotional support. Most women, including those with a less developed sense of relationship with God, turned to a higher power naturally for answers and peace. Dialogue with God through prayer served in part as a means of self-soothing and of reducing negative emotions such as anger, depression and anxiety. Some women reduced their anxiety about treatment, for example, by seeking guidance from God around specific decisions to be made while others relied on specific religious beliefs (e.g. in an afterlife) to reduce their anxiety about death. Some women even experienced a heightened joy and aliveness in the context of this relationship.

Belief in God also has direct implications for the meaning ascribed to the diagnosis of cancer and ultimately for the attitude adopted toward the cancer. When used in the creation of meaning, relationship with God allowed some women to reframe the cancer from a disruptive, crisis event to a ‘blessing’ and a ‘gift’. These women believed that the cancer served some Divine purpose in their lives and so they were better able to accept it. By embracing these new meanings, it is important to note that these women did not deny the reality of the cancer or its negative impact in their lives. Instead, these new constructs allowed the women to open up to ideas, values and opportunities not before-considered. A positive relationship with God also helped some women create and maintain a more optimistic and hopeful attitude in the battle against cancer. These survivors were able to shift from focusing on the losses in their lives to more life-affirming events and activities. Experiencing

![Figure 1. Cognitive model of the role of religious/spiritual factors in long-term adjustment to breast cancer.](image-url)
the presence of God through prayer gave some women the hope that treatment would be successful and they would be physically healed. Such results further support the idea that religious beliefs can promote positive cognitive appraisals (i.e. meaning) of events that in turn alleviate distress (Chamberlain and Zika, 1992; McIntosh et al., 1993), create hope (Pruyser, 1987), contribute to a better quality of life (Borman and Nicholas, 1999) and encourage growth and thriving (Aldwin et al., 1996; Brandstatter and Renner, 1990; Park et al., 1996; Park, 1998).

These results also support previous research on the benefit of prayer in coping with cancer (Potts, 1996; Sodestrom and Martinson, 1987). Similar to Hall and Carpenter (1998), the present study showed that religious coping activities such as prayer served existential (e.g. meaning), emotion-focused (e.g. stress reduction), and problem-focused (e.g. seeking guidance) functions. Religious coping can be considered active strategies in that they can help a cancer survivor ‘clear’ her mind and remain focused on decision-making and problem-solving. Women reported that prayer, for example, led to insights into coping and the inner strength to confront the cancer directly. Others have also noted that prayer activates more health promotive (Payne et al., 1991) or adaptive psychological mechanisms including positive expectations and relaxation (Benson, 1984; Martin and Carlson, 1988). As seen in the present study, the type of prayer however is crucial. Those persons who look to prayer for ease of suffering and to fulfill desires may experience more negative consequences if the prayer remains unanswered (McCullough, 1995).

Social support was another spiritual resource for these women coping with breast cancer. Although support could function as a resource separate from (and parallel to) a woman’s relationship with God, in fact, it was most often perceived to be intertwined with the concept of God. Support was considered a manifestation of the real presence of a protective and caring God. From their experience of the kindness, caring and love of others, these women felt a worthiness and a sense of belonging to a greater unity. The association between God and support is illustrated in these women’s faith in and request for intercessory prayer from friends, family and/or congregation. As noted, social support was also experienced as an alternate spiritual resource when a woman did not have a strong relationship with God or had rejected a more traditionally defined (religious) spirituality. Support from others could be counted on when a woman felt let down by God. Related or not to the concept of God, social support played a similar role in helping the women cope with emotional distress and maintain a positive attitude toward life, a finding which

Table 1 Functions of relationship with God in the cancer adjustment process

<table>
<thead>
<tr>
<th>Function</th>
<th>Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meaning</td>
<td>I do not believe that God is responsible for my BC but I do believe God wants me to find my way back to wholeness through the experience of struggling with this disease.</td>
</tr>
<tr>
<td>Guidance</td>
<td>Through chemotherapy and adjustment to my new condition I did and have continued to look to my faith [in God] for new insight into coping.</td>
</tr>
<tr>
<td>Emotional support</td>
<td>When things are too much, I turn to God, and tell Him He has to deal with it because I can’t. I found that surrender to God’s will, ‘Thy will be done’ was very difficult. It took me a long time to see it not as a giving up of hope, but rather a letting go of the outcome, putting my life and death in His hands.</td>
</tr>
<tr>
<td>Reduce emotional distress</td>
<td>...The words I read were prophetic — when you have pain in your breast and all else fails turn to God. Immediately I knew that my diagnosis would be malignant. So as my surgeon was confirming this I felt totally calm. I cannot say I felt this way in the hours and days and months to come but at that point in time it was as if I were in a protective bubble.</td>
</tr>
<tr>
<td>Positive attitude</td>
<td>I believe that God is the source of my positive attitude toward life. My spiritual beliefs are the driving force of everything I do.</td>
</tr>
<tr>
<td>Inner strength</td>
<td>We never got angry with God because we don’t believe that He causes things but we believe that He is in control ...Since we knew God was in control I knew I could handle all the treatments that were suggested for me.</td>
</tr>
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<td></td>
<td>Trust in yourself as I [God] trust in you.</td>
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supports the role social support plays in cancer adjustment (Dunkel-Schetter, 1984; Spiegel, 1992).

From their experience of cancer and their use of spiritual resources, these women experienced a sense of personal growth or transformation. They gained a greater sense of inner strength and confidence to deal with life problems more directly. They described growing in spiritual strength and becoming more engaged in their life choices. They reevaluated life priorities and chose new activities that were consistent with their shift in values. Personal growth was also evident within these survivors’ interpersonal realm. These women talked about becoming more compassionate, understanding, tolerant and caring for others in their lives. Some women reached out in a life-affirming manner and developed new connections in their lives with other breast cancer survivors, parishes and volunteer organizations. They developed meaning and purpose around the notion of reciprocal care and of being of service to others. Giving back to the greater community what they had learned (e.g. compassion) was a significant aspect of their transformation into a ‘better person’.

Finally, a common thread that was woven through these spiritual domains was the concept of faith. Faith represented a basic trust in the goodness and greater purpose of life. This trust grounded these women, providing them with a solid sense of purpose and place in life. It informed most spiritual aspects of their adjustment such as their meaning-making around the cancer experience. Although faith could be based on nature and family, it was most often reflected in a personal connection to a higher power. It was rare that faith was shaken by the cancer experience, instead, it was strengthened. Faith represented the desire to continue living without undue fear and to rejoice in the life offered.

Limitations of the present study

The results of this study are seen to be preliminary in that they describe potential spiritual components of cancer adjustment. The study has various limitations which restrict the generalizability of these results. First, women were not interviewed in depth but responded to a single question in writing about how religious and spiritual factors played a role in their adjustment to breast cancer. Although the data generated were spontaneous and ‘uncontaminated’ by an interviewer’s personal biases, it was limited in its ability to provide a full picture of cancer adjustment. Second, questions might be posed more explicitly about nonreligious resources to generate a fuller picture of how religious and nonreligious resources interact within the adjustment process. Third, the results might have been biased toward women discussing more traditional definitions of spirituality (e.g. relationship with God) due to their completion of a set of structured questionnaires beforehand, some of which tapped into these aspects. Thus, alternate conceptualizations of spiritual resources need further exploration. Fourth, the study was retrospective in nature. A longitudinal qualitative study starting at diagnosis would better capture the function of religious resources within the adjustment process. Fifth, this sample was self-selected and thus representative only of women who had an interest in spirituality. Finally, it would be important to conduct research that broadens this model to men and to other cultural groups with different religious and spiritual backgrounds.

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