

**REVIEW**

Progress in Research on the Impact of Religious Psychological Coping on the Holistic Well-Being of Cancer Patients and Relevant Factors

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ABSTRACT

This study reviews the historical development, current applications, and multifaceted impacts of religious psychological coping on the physical and mental health of cancer patients. As a method for coping with life's pressures through religious beliefs or activities, religious psychological coping has been proven to alleviate the negative emotions of cancer patients and enhance their spiritual well-being and quality of life (QOL). Research indicates that religious faith can alleviate the physical symptoms of cancer patients, extend survival time, reduce the fear of death, assist in coping with treatment side effects, and improve self-efficacy and overall quality of life. Additionally, this study explores factors influencing religious psychological coping, including demographic and sociological characteristics, the faith status of caregivers, types of religion, the relationship between the course of the disease and the duration of belief, and psychological factors. Considering the cultural differences between China and other countries, this study calls for further research into the real experiences of cancer patients with religious beliefs and provides theoretical guidance for clinical nursing practices to achieve holistic care for the body, mind, and spirit of cancer patients.

KEYWORDS

Religious psychological coping; cancer patients; holistic health; quality of life; religious belief

Introduction

Cancer, as a severe threat to human life, often triggers a range of negative emotions in patients, including anxiety, depression, despair, panic, and worry. These emotions not only erode the psychological health of patients but also significantly diminish their quality of life (QOL). International research indicates that between 50% and 90% of cancer patients tend to rely on religious beliefs to cope with the challenges posed by illness [1]. Religion, as a coping mechanism, has been proven to alleviate patients' negative emotions, enhance their ability to confront the disease, and positively influence the care of patients with advanced cancer [2].

In the mid-20th century, the international academic community began exploring the connection between religious belief and health. Initially, there was a lack of consensus in this field, with some resistance. However, as empirical studies emerged in the 1990s, researchers gradually recognized that religious beliefs might positively impact health. The academic community began examining this relationship with a more neutral and objective stance, leading to a proliferation of scholarly works with depth and breadth. As research progressed, the focus shifted from the broad topic of religion and health to more specific areas such as religion and mental health, religion and spiritual health, religion and chronic illness, and religion and end-of-life care. Particularly after the 1990s, the study of the



relationship between religion and cancer became a significant focus, with scholars attempting to scientifically verify the effects of religious beliefs on cancer patients.

Pargament and colleagues provided a systematic classification and definition of religious psychological coping [3]. Religious psychological coping refers to the use of religious beliefs or activities by individuals to manage life's stressors and challenges, emphasizing the role of faith in helping individuals accept and adapt to stress. Based on individuals' coping strategies, researchers have classified them into two types: positive and negative religious psychological coping strategies.

Studies have shown that religious and spiritual beliefs can provide comfort and support to cancer patients, helping them maintain hope and a positive attitude during treatment [4]. For instance, Bergin found that religion can positively impact mental health in some situations but may have adverse effects in others [5]. Smith et al. discovered a negative correlation between the degree of religious belief and the degree of depressive symptoms [6]. In contrast, Carone and Barone noted that religious beliefs might generate anxiety in a crisis due to the need to conform to a specific belief system and could negatively affect physical health by refusing medical treatments for religious reasons [7].

Entering the 21st century, interest in the relationship between religion and cancer has grown increasingly strong, with research methods shifting from single quantitative measurements to a combination of qualitative and quantitative research to explore the correlation between religious psychological coping and the quality of life, symptom burden, depressive mood, and spiritual well-being of cancer patients. The Brief Measure of Religious Coping (RCOPE) developed by Pargament et al. [8] and the System of Belief Inventory (SBI) compiled by Holland et al. [9] have become widely used tools among researchers. The RCOPE scale assesses patients' religious coping using a four-point scoring system from 0 to 3, covering 14 items across two dimensions—positive and negative—with internal consistency reliability coefficients of 0.90 and 0.81, respectively. The SBI scale measures the level of an individual's religious beliefs, including two dimensions of religious beliefs and activities, and social support (from religious organizations, community groups, and individuals), with a total of 15 items using a four-point scoring system from 1 to 4. Higher scores indicate a stronger level of religious belief. The internal consistency reliability of this scale is 0.929, with a reliability range between 0.96 and 0.98, and a validity of 0.88.

In the past decade, research on the relationship between religious psychological coping and cancer has significantly progressed. These studies have primarily focused on how religious psychology serves as a coping mechanism, aiding cancer patients in managing the psychological and physiological impacts of the disease. While some studies have found that religious beliefs can be beneficial to health, others suggest that they may have negative effects on mental and physical well-being. The majority of research concurs that religious psychology plays a crucial role in the lives of cancer patients. Due to cultural differences between the East

and the West, the application of religious coping in nursing practice in China has not been widely researched or applied [10]. To gain a deeper understanding of the impact of religious beliefs on patients and to provide theoretical support for clinical nursing, this article reviews the current state of religious psychological coping in cancer patients, the factors influencing it, and its potential effects on patients.

Influential Factors

Demographic background

Research indicates that demographic characteristics such as age, gender, and ethnicity are associated with how cancer patients cope psychologically through religious means. For instance, women, older adults, and racial minorities are more inclined to utilize religious psychological coping strategies.

Gender differences have been found in the patterns in the use of religious and spiritual coping mechanisms [11]. Female patients, for example, tend to rely more on religion and spirituality as coping mechanisms compared to their male counterparts. Significant gender differences exist in the importance of religion and spirituality for cancer patients and their impact on mental health. In one study, women were found to be more religious and spiritual than men and scored higher on measures of anxiety and depression [12]. Additionally, age is a significant factor, with older individuals more likely to use religion and spirituality to cope with chronic stress compared to their younger counterparts [13].

Regarding racial aspects, cancer patients from different racial backgrounds may also differ in their utilization of religious and spiritual resources. In the United States, a survey revealed that 89% of African Americans place a high value on religious psychological coping and are more likely to utilize religious or spiritual complementary and alternative medicine (CAM) [14].

Beliefs of cancer care providers

Family and social support are also considered essential for the psychological well-being of the patients. A previous study indicated that most of the cancer patients are likely to talk with cancer and spiritual issues with their family members [15]. However, the finest moral and psychosocial support demands understanding individual and family-level perceptions at the time of cancer diagnosis and throughout the treatment trajectory [16]. When caregivers possess religious beliefs, patients are more likely to adopt religious psychological coping methods, with the effects being more pronounced [17]. Most patients with religious beliefs regard religion as a spiritual pillar, and simultaneously, the faith experiences of caregivers can offer indirect peer support for patients [18].

Nursing staff frequently employ religious coping strategies to manage the stress and emotional burden associated with caring for cancer patients. Such strategies include prayer, seeking spiritual support from religious communities, and finding meaning through religious beliefs. These practices frequently provide emotional comfort and a

sense of hope, thereby positively impacting the health of both caregivers and patients [19].

Religious variations

Currently, the majority of literature focuses on the impact of Christianity on cancer patients [14]. In 2009, Shih and colleagues conducted qualitative interviews with 35 elderly patients with advanced cancer in Taiwan, finding that Buddhism and Taoism can also meet the spiritual needs of some elderly patients to a certain extent [20]. The effectiveness of Buddhist beliefs in managing bone pain caused by cancer was particularly noted. Through Buddhist doctrines and practices, including the Four Noble Truths, the law of dependent origination, and the law of karma, they help advanced cancer patients perceive pain, cope with it, and address the psychological issues it causes [21].

Cancer progression

The majority of cancer patients, following diagnosis, tend to fulfill their spiritual needs through religious psychological coping. During the early stages of diagnosis, patients may experience significant psychological trauma and anxiety, at which time they are more receptive to religious psychological coping methods. As the disease progresses to advanced stages, patients may confront the fear of death; during these times, religious psychological coping can provide essential spiritual support [22], helping to alleviate the fear of death [2]. Clinical data collection indicates that patients who have maintained religious beliefs for an extended period often have a reduced psychological burden. Kelly et al. [4] also found that religious and spiritual beliefs have effect on patients' decision making. However, to more accurately understand this correlation, it is necessary to expand the sample size and conduct more in-depth research. Further investigation is required to determine whether the impact of various religious beliefs on cancer patients is consistent.

Indirect psychological factors

Research has shown that religious psychological coping is closely related to various psychological factors. Positive religious psychological coping is negatively correlated with depression, anxiety, diminished self-esteem, and loss of control among cancer patients [23], while it is positively correlated with well-being and quality of life [24]. Believers are more likely to utilize religion as a positive coping strategy. These findings corroborate earlier research indicating that religion or religious belief serves as a strategy for coping with cancer, and that spirituality, associated with religion, functions as a positive coping strategy with regard to adaptive outcomes [25]. Patients with higher levels of religious belief exhibit lower levels of depression and despair [23]. The study revealed that approximately 78% of patients hold some degree of belief in miracles, suggesting that such beliefs are prevalent among advanced cancer patients. Strong religious belief increases their tendency to anticipate positive outcomes, even when confronted with unfavorable medical information [22]. These findings suggest that religious psychological coping reduces negative emotions,

such as depression and anxiety, in cancer patients, while enhancing their spiritual well-being and quality of life.

Religious and Physical and Mental Health of Cancer Patients

Positive religious psychological coping

Acceptance of cancer

Wei Lin suggests that cancer patients with religious beliefs will undergo stages such as denial, anger, bargaining, depression, and acceptance upon learning of their illness [26]. Patients with religious beliefs tend to accept the reality of their illness more readily and adopt a more optimistic mindset. They perceive illness as a test from God rather than a punishment and do not feel burdened by it. Instead, they regard illness as an opportunity for post-traumatic growth. Believing that life and death are predetermined, they are more capable of accepting death calmly and experience less fear of it than patients without religious beliefs [27]. Regarding end-of-life care, patients with religious beliefs exhibit higher acceptance compared to those without. Religious psychology significantly contributes to the mental and physical health of women, reducing their fear during cancer diagnosis and treatment by promoting positive and calm attitudes [28]. The Acceptance and Commitment Therapy (ACT) approach can accommodate patients' religious beliefs and actively incorporate them into treatment. By helping patients clarify their values and motivating them to act in accordance with those values, ACT positively impacts cancer patients' religious coping [29].

Research indicates a positive correlation between cancer patients' mental state and religious beliefs, as well as various aspects of their quality of life, including physical health, emotional well-being, and social functioning. Conversely, there is a negative correlation with disease symptoms such as pain and emotional and physical fatigue [30].

Take the pain of treatment and stick with it

Religious beliefs can significantly influence patients' treatment decisions. Statistics show that 57.4% to 68.3% of cancer patients believe religious beliefs guide them toward more positive treatment decisions. Van Ness et al. [31] confirmed that patients with religious beliefs are more likely to endure the hardships associated with treatment (e.g., hair loss, nausea, vomiting, pain) than those without religious beliefs. They are especially more receptive to life-prolonging treatments (such as ventilators, cardiopulmonary resuscitation, and other intensive treatments) and the accompanying suffering towards the end of life [9]. The spiritual support provided by religious beliefs influences patients' treatment decisions, often leading them to choose more aggressive treatment options. Religion supports women in adapting to breast cancer psychosocially by providing a sense of purpose and meaning in life. It helps women persevere with treatment despite the side effects of adjuvant endocrine therapy (AET) [28]. Religious beliefs provide patients with confidence and spiritual support, fostering a positive mindset that diverts attention from physical symptoms and alleviates stress. Research has confirmed that effective psychotherapy can

enhance the immune system. Consequently, some studies suggest that to optimize cancer patient survival care, psychotherapy can be employed as a complementary and alternative medicine to improve the quality of care, extend survival, and provide holistic and comprehensive nursing [32].

Reduce negative emotions and relieve psychological stress

Religious beliefs serve as a primary source of spiritual support for cancer patients, helping to reduce negative emotions such as anxiety and depression, enhance spiritual well-being, and alleviate psychological stress. Religious coping manifests in various forms, providing individuals with inner peace, comfort, support, encouragement, and self-control. As early as 1995, Jenkins and colleagues [1] confirmed that cancer patients with religious beliefs exhibited healthier psychological and spiritual states. Additionally, 98% of cancer patients experience spiritual distress, with its intensity positively correlated with depressive symptoms [31,33,34]. Religious beliefs moderate patients' psychological states through various mediators, such as hope, fostering effective and positive coping strategies. These strategies enable them to bravely confront the crisis caused by cancer, thereby indirectly alleviating their spiritual distress and psychological stress [35]. The link between religious beliefs and perceived social support is stronger than that with other constructs, suggesting that religious beliefs may enhance patients' perception of social support [36].

Improve self-efficacy and quality of life

Individuals with higher levels of self-efficacy are more likely to complete assigned tasks, have greater confidence in themselves, and are less prone to experiencing negative emotions [37]. Patients with religious beliefs possess a strong faith that empowers them to face illness with confidence, reduces stress levels, enables successful adaptation to stressful environments, and enhances their self-efficacy [38]. Hashemvarzi et al. believe that Religion-Based Cognitive-Behavioral Therapy significantly improves patients' quality of life and self-efficacy [39]. Religiosity enhances individuals' sense of well-being by bolstering their self-efficacy [40]. The connection between religious beliefs and perceived social support is stronger than that with other constructs, suggesting that religious beliefs may strengthen patients' perception of social support, which is significantly correlated with self-efficacy [41].

Due to the limitations imposed by their illness and treatment, patients may be unable to engage in normal social activities. This can lead to increased dependency on others, a loss of self-worth, and feelings of inferiority. Research has confirmed that religious beliefs significantly influence the quality of life of cancer patients. A positive correlation is observed between religious beliefs and QOL, with patients who have higher religious belief scores tending to have better QOL [24]. Religious beliefs promote functional recovery in cancer patients through positive psychological coping, offering them hope and social support, aiding in post-traumatic growth, reducing emotional depression, enhancing their sense of self-worth, and ultimately improving their overall QOL [38]. However, the complex relationship between religious coping and QOL

during cancer treatment remains an area requiring further investigation. The type of religious coping strategy employed is related to the QOL of breast cancer patients, with positive religious coping significantly improving their QOL [42].

Negative religious psychological coping

Positive religious coping is associated with improvements across multiple dimensions of quality of life, whereas negative religious coping is linked to a decline in quality of life. This suggests that religious coping is a double-edged sword, providing both positive support and potentially negative consequences. Negative religious coping, such as anger towards God or feelings of abandonment by God, can lead to increased psychological stress and subsequently lower quality of life [43]. Cancer patients who adopt negative religious coping strategies tend to have lower health-related quality of life (HRQoL). Negative religious coping includes reassessing God's power as punitive, which may contribute to worse functioning and overall well-being [44]. Negative religious resignation reduces self-efficacy, thereby affecting happiness. There is also a direct negative link between requesting divine intervention and emotional well-being, indicating that this coping strategy may diminish emotional happiness [40]. Gutusa et al. [45] also evidenced that religion may delay the early cervical cancer screening for rural women. Females of cancer survivors reported more religious worries than males [46]. Negative religious coping strongly correlates with suicidal ideation. Assessing negative religious coping in advanced cancer patients may help identify those experiencing psychological distress and at risk for suicidal ideation. If future research confirms these findings, it would suggest the need for interventions to reduce negative religious coping in advanced cancer patients to mitigate suicidal ideation [32].

Implications

Research on religious care for cancer patients in China began relatively recently. In recent years, only a few relevant articles have highlighted that religious beliefs may help cancer patients cope with the disease, alleviate negative emotions [47], improve the life satisfaction of the elderly [48], and influence the impact of religious care on cancer patients [26]. In the study conducted by Xiao et al. [49] and others, it was indicated that in the construction of life review intervention measures for advanced cancer patients, Confucian thoughts on growth and development were used to determine the common life themes of Chinese people, such as learning, dealing with people and doing things, family, work, and fate. These are one of the main sources of life review for Chinese advanced cancer patients, which means that Confucianism or Confucian teachings have a significant impact on the life review and intervention of terminal cancer patients. The study by Li and Zhang [50] aimed at alleviating patients' cancer pain, constructs a complete view of Confucianism facing death from four aspects: "psychological counseling," "pain management," "overcoming the shadow of near-death experience," and "social support."

However, there is still a lack of scientific and objective descriptions as well as in-depth research. Chinese patients and their families express a need for religious comfort. Research shows that some cancer patients wish to communicate with religious figures when they are dying and seek to alleviate the pain and psychological pressure brought by the disease through meditation and prayer. Surveys indicate that the families of patients wish hospitals would provide religious comfort services for patients with religious beliefs during the terminal stage. The development of religious comfort services in mainland medical institutions remains immature, and very few institutions offer such services [51]. Foreign research has confirmed that religion has become a common coping mechanism for cancer patients, providing spiritual support and affecting their physical and mental health. Foreign research provides a reference for studies in this field in China.

Given the cultural differences between China and other countries, the conclusions of foreign research may not be directly applicable in China. Medical staff should respect patients with religious beliefs and avoid deliberately neglecting them. They should integrate traditional Chinese culture, such as Confucianism, Taoism, and Buddhism, to study the true experiences of cancer patients with religious beliefs in China and explore the impact of religious psychological coping on meeting the spiritual needs of cancer patients. This approach provides theoretical guidance for clinical nursing work and enriches end-of-life, palliative, and holistic care for cancer patients and their families, achieving the unity of body, mind, and spirit for cancer patients.

Conclusion

This review underscores the significant impact of religious psychological coping on cancer patients. Positive coping strategies can alleviate negative emotions, enhance spiritual well-being and quality of life, and offer both physiological and psychological support. Of course, negative psychological coping will have adverse effects. How to counteract the negative impacts brought by negative psychological coping is also a direction that our future research needs to focus on. The effectiveness of religious psychological coping is influenced by various factors, such as demographic and sociological characteristics, caregivers' religious beliefs, religious denominations, disease progression, and duration of faith.

Given the cultural differences between China and the West, research and application in this field in China remain in their infancy. Further scientific research and theoretical guidance are needed to enhance the effective application of religious psychological coping in clinical nursing, ultimately achieving comprehensive and holistic care for cancer patients. By exploring the unique experiences of cancer patients with religious beliefs within the context of Chinese culture, including Confucianism, Taoism, and Buddhism, we can tailor interventions that are more culturally sensitive and effective. This approach will not only address the spiritual needs of patients but also contribute to their overall physical, emotional, and spiritual well-being. Considering China's unique cultural background, the Chinese people are

deeply influenced by the three teachings of Confucianism, Buddhism, and Taoism. In particular, Confucian culture is regarded as the mainstream of Chinese culture and has had a significant impact on almost all Chinese people. Many also consider it a form of religious belief. Therefore, in subsequent research, Confucianism should also be considered as an important element.

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Availability of Data and Materials: The data and materials used in this review article are derived from previously published studies and are publicly available through the respective journals or databases where they were originally reported. The references to these studies are comprehensively listed in the bibliography of this article. No new data were generated in the course of this review, and thus, no additional datasets or repositories are associated with this publication. For readers interested in accessing the full text of the studies reviewed, we recommend consulting the relevant databases or contacting the authors of the original articles for further information. We have made every effort to ensure that all sources are properly cited and that the information presented in this review is accurate and up-to-date.

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