

A STUDY OF RELIGIOSITY AND PSYCHOLOGICAL DISTRESS AMONG CANCER PATIENTS

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ABSTRACT

This paper talks about the relation of religion and spirituality to physical and emotional health and quality of life. This study is based on a sample of 100 cancer patients who filled out a 36 item religiosity scale along with a health questionnaire. A majority of the patients reported that their religious beliefs had been of support to them after they became ill from cancer. Religiosity was found to be significantly related to general satisfaction with life and feelings of hopelessness. Thus, the effect of religiosity on the survival of patients with severe diseases such as cancer seems worth following up in future studies. The authors conclude that regular inclusion of religiosity and spirituality measures in quality of life studies is needed in order to understand the integration of mind, body and spirit in cancer care.

Key Words: *religiosity psychological distress- quality of life - survival - cancer patient*

INTRODUCTION

Religion plays an important role in people's life in traditional society? Does it still influence people's life in modern society? Although modern societies are characterized by a trend towards secularization, religious beliefs may still be a personal resource - a source of strength in difficult life situations, such as being seriously ill. The term religiosity refers to religious faith. Apparently 'being religious' is different from 'having a religion'. One may belong to a religious group but may not be religious or one may be religious even without offering prayers. In fact religiosity has three important aspects: theoretical, practical and emotional.

Theoretically it refers to individual's faith in god. The practical aspect of religiosity constitutes of individual's faith in observance of ethical and moral duties and rituals as divine commands. Emotional aspect is reflected in the feeling of devotion and dedication to God and experience of pleasure, delight and satisfaction in observance of religious practices. Religiosity has closer associations with human behavior and has psychotherapeutic value (Guillermo et al, 2004).

Cancer is commonly seen as the worst of all illnesses, and a majority of the population equates cancer with death (Martin, 1982,

Moorey, 1989). The initial diagnosis of cancer brings with it the possibility of death and this possibility may continue to be present throughout therapy, remission and even following the pronouncement of cure (Martin, 1982). Religious people may find a meaning in life-threatening situations and even in situations with likely fatal outcomes. Psychosocial researchers are incorporating these variables into studies of emotional and physical illness. A number of studies have found that, for cancer patients, religious, spiritual and quality of life concerns are paramount.

OBJECTIVE

The objective of the present study was to find out the effect of religiosity on psychological distress among Cancer patients.

METHOD

Participants:

The sample for the present study consisted of 200 Cancer patients including both males and females. Patients were drawn from the Out Door Patients (OPD) of the Chhatrapati Shahuji Maharaj Medical University, Lucknow Cancer Institute and Nishat Hospital, Lucknow (U.P. INDIA). The subjects taken for the study had

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cancers of the lung, breast, prostate, bladder and skin. The age range of the patients was from 50-70 years and they were matched for their education, age, socioeconomic status and residential background.

TOOLS USED

Religiosity scale constructed by Dr. L.I. Bhushan(1970) was used to measure the level of religiosity among subjects. Religiosity scale is a five point scale and it consists of 36 items, which covers all the important dimensions of religiosity. It is a highly reliable (.82) and valid scale (validated against the Allport-Vernon-Lindzey (1970) study of values.

CMI (Cornell Medical Index) health questionnaire constructed by Dr. Narendra Nath Wig, Dr. Dwarka Pershad and Dr.Santosh Kumar Verma (1983) was used to assess the level of Psychological distress of the patients. In this questionnaire psychological distress is measured in terms of inadequacy, depression, anxiety, sensitivity, anger and tension.

PROCEDURE

Prior to data collection, the investigator explained the purpose of the study to the subjects. The investigator established rapport with the respondents (patients) and assured them that their responses would be kept strictly confidential and would be utilized for the research purpose only. After establishing rapport with the respondents, the data were collected individually according to their convenience. Two Scales along with the personal data sheet were administered to cancer patients. T-test was used for the analysis of data.

RESULT AND DISCUSSION

In the present study an effort has been made to assess the effect of religiosity on the level of psychological distress. The objective was to find out whether the two groups (high religious and low religious) differ significantly with regard to their level of psychological distress. It was hypothesized that high and low religious groups

will differ significantly with regard to their psychological distress. To test this hypothesis the two groups were compared in respect of their scores on psychological distress and the findings are presented in Table No. 1.

Table No. 1: Comparison of low religious and high religious groups with regard to Psychological Distress

	L R (N=50) (Low Religious)		HR(N=50) (High Religious)		
DIMENSIONS	Mean	SD	Mean	SD	t-Value
Inadequacy	1.98	2.02	1.16	1.64	2.32**
Depression	2.92	2.33	1.51	1.72	3.45**
Anxiety	1.84	1.39	0.82	1.16	2.04*
Sensitivity	1.79	1.69	0.87	1.46	2.64*
Anger	2.94	2.33	1.45	1.74	3.76**
Tension	1.96	1.04	1.16	1.65	2.88**
Composite Psychological Distress	13.43	8.54	6.97	5.43	5.39**

*Sign. at .05 level ** Sign. at .01 level

It is evident from Table No.1 that both the groups differ significantly on all dimensions of psychological distress and low religious group scored significantly higher on all the dimensions as well as composite psychological distress with a mean score of 13.43 in comparison to high religious group 6.97 with a t value 5.43 which is significant at .01 level of confidence. Inadequacy, Depression, Tension and Anger were found significant at .01 level of confidence with mean scores of 1.98, 2.92, 2.94, and 1.96 for low religious group and 1.16, 1.51, 1.45, 1.16 for high religious group with a t-value of 2.32, 3.45, 3.76 and 2.88 Anxiety and Sensitivity was found significant at .05 level of confidence with the mean scores 1.84 and 1.79 for low religious and 0.82 and 0.87for high religious group respectively with a t value of 2.04 and 2.64.

Findings of the present study support the hypothesis formulated earlier and revealed that both groups differ significantly with regards to their level of Psychological distress. High religious group scored significantly lower on all the dimensions which indicate an inverse relationship between religiosity and psycholo-

gical distress. Low psychological distress among high religious group indicates psychotherapeutic value of religiosity. The findings of the present study are very encouraging and also supported by some previous researches. Schafer (1997) studied upper division students and found that religiosity showed an inverse association with personal distress. Keith et.al (2006) found that subjects who described themselves as religious were healthier enjoying subjective well-being and obtained lower scores on neuroticism. Rosmarin et.al (2009) found that higher levels of trust in God were associated with less anxiety and depression, and greater personal happiness.

Religious experience might provide a cognitive framework for better comprehending and accepting stressful events, thereby softening their harmful and emotional impact. Such beliefs as 'there is a larger plan', 'events are not random', 'God will watch over me' and 'adversity strengthens my faith' might contribute to interpretations that moderate the effect of potentially distressing events, which resulted in a low level of psychological or personal distress experienced by high religious group.

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