Role of Spiritual Well Being in Depression Severity among Post-Operative Breast Cancer Women

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Abstract

Background: Spiritual Well Being, as psychological construct, in recovery from cancer has been studied widely. Studies have reported that Spirituality gives insight into how to deal with psychological symptoms associated with diagnosis and treatment phases of cancer. This study aims to find out how well 'Spiritual Well Being' predicts the Depression Severity in post operative breast cancer survivors.

Methods: A total of 51 breast cancer patients, age range 30-65 years were studied in two groups i.e. Post Surgical group (n=26) and Surgery Waiting Group (n=25). Spiritual Well Being was measured using Functional Assessment of Chronic Illness Therapy- Spiritual well being scale (FACIT-Sp 12). The Depression Anxiety and Stress Scale (DASS) was used to assess the depression level of the patients.

Results: The results indicated that mild to moderate level of Depression was observed in more than 50% of the patients who had undergone Surgical treatment (Mean= 6.30). Results also showed spiritual well-being as strong correlate of Distress, providing a unique contribution to the prediction of Depression severity among breast cancer patients.

Conclusion: A person's Spiritual Well Being possibly lowers the incidence of depression. For some breast cancer patients, a strong faith in God may result in having purpose and meaning in life; for others, it may be having a strong support system. The results have important implications for care of terminally-ill individuals because they show the importance of spiritual well-being in keeping psychological distress of patients who are facing death to a minimum and targeting spiritual well being in various Mental health interventions.

KEYWORDS: Distress, Mental Health Interventions, Spiritual Well Being.

Introduction

Since last two decades, for the treatment of cancer patients, oncology practitioners has shifted their attention from practicing only modern medicine to giving due importance and emphasis for psychological aspects too. A sizable proportion of women with

breast cancer exhibit clinically relevant levels of psychosocial distress. (Musick et al 1998; Jenkins RA, Pargament KI, 1995; Spilka B, Ladd K, David J, 1993) This distress typically takes the form of anxiety, depression, avoidant and intrusive thinking and fears associated with treatment related side effects, survival isolation and stigmatization. (Raleigh E., 1992; Halstead MT, Fernsler J.I., 1994)

Depression is the most common disabling illnesses that affect 15 to 25 % of cancer patients. Patients who are receiving palliative care for cancer may have frequent feelings of depression and anxiety, leading to a much lower quality of life. Experience of anxiety is not due to fear of death, but more often from fear of uncontrolled pain, being left alone or dependency on others.

A growing number of studies document that many people with diagnosis of cancer turn to religion and spirituality to help them cope with the illness and its treatment(Kaczorowski JM, 1989; Fehring RJ, Miller JF, Shaw C., 1997; Fernsler JI, Klemm P, Miller MA., 1999) as through spirituality they attempt to perceive their world, themselves, their requirements and their connection to self, others, nature and God. Although the importance of spirituality and religious coping may be different across various cultures, there are growing evidences that these concepts may be main resources when an individual is confronted a potentially life threatening disease.

In developing countries like India (also called motherland of Spirituality), there are limited research studies yielding certain findings like: religious/spiritual beliefs are important to cancer survivors (Tarakeshwar et al, 2006), religious activities such as praying and meeting with religious representatives are prevalent among breast cancer patients (Thuné-Boyle et al, 2013) and are often used as coping methods for psychosocial adjustment.(Thuné-Boyle et al, 2006; Thuné-Boyle et al, 2011). Higher levels of existential and religious beliefs were associated with lower rates of anxiety and depression among cancer patients. (Ano GG, Vasconcelles EB, 2005; Matzo M, Sherman DW., 2012) Moreover, higher levels of spiritual/religious beliefs were associated with higher levels of social and family adjustment (i.e. adaptation among family and social environments).

As mentioned earlier, study of spiritual well being is especially valuable where serious illnesses like cancer are concerned. The purpose of present study is to investigate the relationship between spiritual well being and depression level among pre-operative and post-operative breast cancer patients. For the purpose of this study, Spiritual well being consisted of two components: Existential well being and Religious well being. Furthermore, Spiritual Well Being was considered relevant in determining Psychological symptoms in cancer patients. Thus following research questions were addressed.

1. What is the level of depression prior to and after the surgery among breast cancer patients?

2. What is the relationship between Spiritual Well Being, depression severity and Surgery among women suffering from breast cancer?

Methods

Participants:

Designed to be a Cross sectional one, the present study was conducted on Indian women with breast cancer admitted to outpatient department of Surgical Oncology Unit at Sir Sunder lal Hospital, Banaras Hindu University, Varanasi. In the period of four months, 65 patients were approached during treatment to participate in this study, of which 49 patients accepted and filled in the questionnaire. These participants were studied in two groups, one which had already received surgical treatment i.e. Post Surgical Group (n=24) and another group which was waiting for surgery i.e. Surgery waiting Group (n=25). The participants were aged between 30 and 65 years old, did not suffer from a problem that would hinder their communication, and had no previous psychiatric morbidity.

Instruments:

The data for the study were collected through the Depression Anxiety and Stress Scale (DASS) Hindi version and FACIT Sp-12 Questionnaire Hindi version. Socio-demographic and medical background information were also collected during personal interview.

1. Depression Anxiety Stress Scale (DASS) - developed by Lovibond and Lovibond (1995) is widely used in clinical and nonclinical population across the globe including India. It is a self-administered questionnaire, which detects and distinguishes between Depression, Anxiety and Stress and measures the severity of Emotional Distress. Short version of DASS i.e. DASS-21 Scale which was used in the present study, contains 21 items, divided into subscales 3 of 7 items with similar content. The depression scale assesses dysphoria, hopelessness, and devaluation of life, self-depreciation and lack of interest /involvement, anhedonia and inertia. The Anxiety Scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The Stress Scale is sensitive to levels of chronic non-specific arousal. It assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive, and impatient.

2. Functional Assessment of Chronic Illness Therapy - Spiritual Well-Being Scale (FACIT Sp) – Spiritual well-being was assessed with the Functional Assessment of Chronic Illness Therapy–Spiritual Well-Being Scale (SWB), a 12-item measure designed to assess two aspects of spiritual well-being: Existential well being (meaning/peace) and Religious well being (faith) making no mention of a divine, God-like figure. Items, which are scored on a 5- point Likert-type scale, include “I am able to reach down deep into myself for comfort” and “I am peaceful.”

Procedure:

The participants were informed about the study and asked for their consent to participate in the study, and that they could quit any time they would like to. The data were collected by the researchers through face-to-face interviews with patients in the Outpatient department of Surgical Oncology unit between June 2016 and September 2016. It took the participants half an hour to fill out the scales. The data collected, were analyzed using SPSS 20 software.

Results

Demographic and clinical characteristics of the two groups are summarized in Table 1. The mean age of the Post Surgical and Surgery waiting group were 47.23 ± 9.80 years and 46.36 ±7.22 years respectively. Most of the participants in both the groups were illiterate, married, Housewives. Furthermore, in Post Surgical group, most patients underwent a mastectomy (complete removal of affected breast) (83.33%) (Table 1).

Table 2 clearly demonstrates that symptoms of Depression were observed more in patients who had already received Surgical treatment (Mean= 6.58; SD= 2.41) when compared to patients who were waiting for surgery (Mean= 4.48; SD= 1.47) ($t = 3.14$, $p<0.05$). These results could possibly be attributed to the attitude of respondents towards the outcome of surgical treatment. More than half of the patients in surgery done group were having mild to moderate level of depressive symptoms, while in surgery waiting group, most of the patients recorded normal to mild level of depressive symptoms.(Figure 1)

Pearson correlation coefficient indicated a significant correlation of spirituality with Depression severity in breast cancer survivors. For further fine analysis, Spiritual well was studied in two domains: Existential Well being (Meaning/Peace) and Religious well being (Faith in God). Among the subjects who suffered from breast disease, Existential well being (Meaning/Peace) was the strongest negative correlate of Depression in both Post operative ($r = -0.813$, $p<0.05$) and Pre operative group ($r = -0.521$, $p<0.05$). (Table 3)

Strong consolation and strength in faith (Religious well being) but not meaning/peace, was also negatively associated with scores of Depression, although somewhat less than Existential Well Being (meaning/peace) Scores of FACIT-SWB.

In Stepwise Regression Analysis of Spiritual well being and some socio-demographic variables, Existential Well being (Meaning/Peace) Subscale provided a significant and substantial association with the outcome variables (Depression Severity) even while controlling for the effect of other relevant covariate (Religious Well Being). For socio-demographic variables, Education Level also contributed in Depression Severity among post operative Breast cancer patients. (Table 4)

Discussion

Results of our study show spiritual well-being as strong correlate of Distress, providing a unique contribution to the prediction of Depression severity among breast cancer patients. Although much research addressing psychological adjustment in terminally ill cancer patients has focused on Depression, spiritual well-being might be of a more powerful effect. In fact, in virtually every analysis, spiritual well-being provided a stronger contribution than did other clinical factors.

Understanding the mechanism by which spiritual well being affects psychological functioning is difficult. One clue is the importance of meaning versus faith. We saw significantly stronger associations with the meaning subscale of FACIT-SWB than with the faith subscale with respect to Depression severity in post operative cases. Thus, the ability to find or sustain meaning in one's life during chronic illness might help to determine level of Depression and Anxiety among post operative breast cancer

survivors to a greater extent than spiritual well-being rooted in one's religious faith. Of course, any conclusions about the importance of spirituality linked to or independent of religion are premature in view of the absence of any specific measure of religious beliefs in this study.

The confounding relation between religion and spiritual well-being might explain the seemingly inconsistent set of results obtained in our analysis. We recorded a significant effect of Existential well being in the model, predicting Depression stronger than the Religious well being, but was not an independent predictor of depression. Education level also contributed to the determination of depressive symptoms. Thus, Existential well being as well as Education Level might buffer the effect of surgical treatment on emergence of symptoms of Depression among breast cancer patients. Lower educational level resulted in feelings of uncertainty about the outcomes and loss of control over one's life, were evidenced in previous studies to play a significant role in having depression and anxiety among cancer survivors (McWilliam, Brown, & Stewart, 2000; Molleman, Krabbendam, & Annyas, 1984[3]).

Although faith in God or any supernatural authority works as motivating agent for cancer patients to fight against their disease, Meaning/Peace might preserve well-being in the midst of symptoms that is consistent with the theory of Taylor (1983), Cassell (1991) and Fife (1994), who stress that people require a meaning context in which to understand, and successfully cope with, life's difficulties. Meaning is thought to bring a unified order to one's experience (Frankl, 1963; Yalom, 1980; Csikszentmihalyi, 1990). This can help one achieve to an 'inner hold on life' (Frankl, 1963), enabling one to function even in the worst of circumstances. These results are also in line with research suggesting that the degree of depression experienced by patients with pain is a function of the meaning assigned to that pain (Barkwell, 1991), and that a high level of Sense of Coherence (which includes meaningfulness) (Antonovsky, 1987) is associated with high levels of well-being in women with fibromyalgia, despite the fact that these women are experiencing many symptoms (Soderberg et al., 1997).

Our results have important implications for care of terminally-ill individuals because they show the importance of spiritual well-being in keeping psychological distress of patients who are facing death to a minimum. What is less clear, however, is whether interventions exist that can help raise a terminally-ill individual's sense of spiritual well-being. Mental-health interventions can target spiritual wellbeing, although the effect of these has rarely been systematically studied. For example, several mental-health treatment approaches have been developed that specifically target spiritual well-being, although evidence of their efficacy is still limited. One such intervention was developed by Greenstein and Breitbart, who based their approach on the writings of Victor Frankl. Their meaning-centred group psycho-therapy is aimed at instilling a sense of meaning in patients with advanced cancer, focusing largely on existential concerns.

This study has several important limitations. Foremost of these pertains to measurement of (and the idea of) spiritual well-being. We used the FACIT-SWB scale, which measures the extent to which one finds support through spirituality rather than measuring spirituality itself. Thus, a highly spiritual individual who has been unable to successfully find strength or support through their beliefs might seem—on

this scale—to be low in spiritual well-being. Because this scale essentially confounds spirituality and psychological well-being, one would expect a considerable overlap between depression and spiritual well-being (and indeed, these scales were highly correlated). However, the possible confounding of depression and spiritual well-being would probably handicap our analyses because both variables were judged as independent predictors. Nevertheless, further research with a measure of spirituality rather than spiritual well-being could help to clarify some of these important issues. Another possible limitation pertains to the cross sectional nature of these data. Without assessment of Depression over time, we cannot establish whether spiritual well-being actually affects depression severity or is merely associated—i.e., one might deem absence of spiritual well-being simply another aspect of Depression.

Another question also arises that was our sample representative enough to allow our findings to be relevant to other populations? Patients were drawn from Government hospital and a high proportion of participants were illiterate and belonged to low income group, all of whom had different stages of breast cancer. The relation between spirituality and psychological well-being could differ between patients of different socio-economic or religious backgrounds, or become stronger as the illness progresses. Further research expanding these findings in other settings, with different populations, will help to clarify these important issues.

Conclusion

The present study has demonstrated that Depression Severity is affected by Spiritual Well Being that may be utilized to give strength and confidence among cancer patients undergoing treatment. Our findings have important implications for palliative care patients as well. Addressing spiritual needs and existential questions among the dying is generally neglected in palliative-care practice, but could be a crucial aspect of psychological functioning. Our findings also show the importance of an interdisciplinary approach in treatment of cancer.

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Tables

Table 1: Socio-demographic characteristics

	Pre-Operative Group		**Post-Operative Group**	
	N	**%**	**N**	**%**
Age				
30-39 years	3	12.0	4	15.38
40-50 years	18	72.0	13	50.0
51-65 years	4	16.0	9	34.62
Education				
Illiterate	23	92.0	17	65.38
</=Intermediate	2	8.0	7	26.92
=/>Graduate	0	0	2	7.69
Occupation				
Housewife	15	60.0	22	84.61
Self Employed	9	36.0	3	11.53
Govt. Employee	1	4.0	1	3.84
Family Income				
<250000/- per year	15	60.0	20	76.92
>250000/- per year	10	40.0	6	23.08
Marital Status				
Married	23	92.0	26	100
Widow/Divorced	2	8.0	0	00
Cancer Stage				
Stage 0-III	22	88.0	23	88.46
Stage IV	3	12.0	3	11.53
Surgical Treatment Type	--	--	4	15.38
Breast-Conserving Surgery	--	--	22	84.61
Mastectomy	25	100	--	--
Waiting for Surgery				

Table 2: Comparison of level of depressive symptoms in surgery waiting and surgery done breast cancer patients.

	Depression		**t**
	Mean	**SD**	
Pre-operative	4.48	± 1.47	3.139*
Post-operative	6.30	± 2.35	

Table 3: Pearson correlation (r) of depression with Spiritual Well Being.

	Depression	
	Pre operative (r)	**Post operative (r)**
SWB (Total)	-.50*	-.689*
SWB (Religious)	-.11	-.306
SWB (Existential)	-.521*	-.813*

Table 4: Regression of Independent Variables and Depression Severity

Predictor variables	**Individual Regression Model**			
	B	**SE (B)**	**β**	**t**
Age	-.021	.031	-.083	-.688
Education	-.717	.301	-.315	-2.381*
Family Type	.259	.720	.045	.360
Spiritual Well Being				
Existential Well Being	-.554	.081	-.889	-6.832*
Religious Well Being	.018	.087	.027	.206

Figures

Figure 1: Percentage distribution of Pre Operative and Post Operative Group study participants across levels of Depression**.**