Spirituality and religion in cancer

Introduction

Measurement of religion, religiousness, and spirituality for the purposes of health research has been an evolving enterprise. Beginning with Durkheim’s *Suicide* (1897/1951), and continuing through the 1960s and 1970s, epidemiological studies focused on mortality or health differences among religious affiliations.

A second wave of studies beginning in 1979 [1] took an entirely different approach.

Religiousness was measured with a single item asking about attendance at services or membership in a congregation; the individual’s specific religious affiliation, the basis for all the previous research, was now usually absent [2]. Also,
spirituality is an essential component of the care of patients with cancer and those that are dying.

**spirituality and cancer**

Cancer patients do not expect spiritual solutions from oncology team members, but they wish to feel comfortable enough to raise spiritual issues and not be met with fear, judgmental attitudes, or dismissive comments. Spiritual needs may not be explicit in all illness phases, yet spirituality is not only confined to the areas of palliative or end-of-life care [3]. Lopez et al. showed that the level of overall spiritual well-being was high, as were the levels of self-efficacy and life scheme (meaningfulness), as measured with two subscales [4].

**religion and cancer**

The relationship between religion and health has been studied in several countries and the results were positive. An association between religious affiliation, behavior, and lifestyle indicating that, even in relatively secular societies, it is a population attribute that should be given more consideration in studies of population health [5]. Understanding of a patient’s religious status and information relating to the spiritual domain can be useful to clinicians working in chronic illness, surgery of cancer, and terminal care, where it can effect patient morale [6].

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**references**


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