









RELIGIOSITY AND SPIRITUALITY OF WOMEN WITH BREAST CANCER: A QUALITATIVE STUDY
RELIGIOSIDADE E ESPIRITUALIDADE DE MULHERES COM CÂNCER DE MAMA: UM ESTUDO QUALITATIVO
RELIGIOSIDAD Y ESPIRITUALIDAD DE MUJERES CON CÁNCER DE MAMA: UN ESTUDIO CUALITATIVOS

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ABSTRACT

Objective: to describe the meanings of spirituality and religiosity for women with breast cancer. **Method:** this is a qualitative, descriptive research, conducted from July to October 2023, through interviews with 15 women undergoing treatment or outpatient follow-up, in two large hospitals in a city in the Zona da Mata Mineira. **Result:** the participants revealed that, through their beliefs, religion, and faith, they were able to face and overcome obstacles. In addition, they reported that the diagnosis of breast cancer caused their spirituality, belief, and attachment to God to increase. They emphasized that prayers began to be said in different places besides the church, using the moments to thank and ask for help, which helped them, giving strength and relief during the treatment. **Conclusion:** the women showed a greater connection to religiosity and spirituality, which promoted their redefinition throughout the breast cancer treatment. The positive effects and use of all these as a coping strategy, source of support, comfort, and hope during the therapeutic process were evident.

Keywords: Spirituality; Religion; Breast Neoplasms.

RESUMO

Objetivo: descrever os significados da espiritualidade e religiosidade para mulheres com câncer de mama. **Método:** pesquisa qualitativa, descritiva, realizada de julho a outubro de 2023, por meio de entrevistas com 15 mulheres em tratamento ou em seguimento ambulatorial, em dois hospitais de grande porte de um município da Zona da Mata Mineira. **Resultado:** as participantes revelaram que, por meio de suas crenças, religião e fé, foram capazes de encarar e superar os obstáculos. Além disso, relataram que o diagnóstico do câncer de mama fez com que sua espiritualidade, crença e apego a Deus aumentassem. Ressaltaram que as orações começaram a ser feitas em diferentes lugares, além da igreja, usando os momentos para agradecer e pedir, o que as ajudava, conferindo força e alívio ao tratamento. **Conclusão:** as mulheres mostraram uma maior vinculação à religiosidade e espiritualidade, o que promoveu a resignificação delas ao longo do tratamento do câncer de mama. Ficou evidente os efeitos positivos e a utilização disso como estratégia de enfrentamento, fonte de amparo, conforto e esperança durante o processo terapêutico.

Palavras-chave: Espiritualidade; Religião; Neoplasia da Mama.

RESUMEN

Objetivo: describir los significados de espiritualidad y religiosidad para mujeres con cáncer de mama. **Método:** investigación cualitativa, descriptiva, realizada de julio a octubre de 2023, a través de entrevistas a 15 mujeres en tratamiento o seguimiento ambulatorio, en dos grandes hospitales de un municipio de la Zona da Mata Mineira. **Resultado:** los participantes revelaron que, a través de sus creencias, religión y fe, pudieron enfrentar y superar obstáculos. Además, informaron que el diagnóstico de cáncer de mama hizo aumentar su espiritualidad, creencia y apego a Dios. Destacaron que se comenzaron a rezar oraciones en diferentes lugares, además de la iglesia, aprovechando momentos para agradecer y pedir, lo que les ayudó, dándole fuerza y alivio al tratamiento. **Conclusión:** las mujeres mostraron una mayor conexión con la religiosidad y la espiritualidad, lo que promovió su replanteamiento durante el tratamiento del cáncer de mama. Fueron evidentes los efectos positivos y el uso de esto como estrategia de afrontamiento, fuente de apoyo, consuelo y esperanza durante el proceso terapéutico.

Palabras clave: Espiritualidad; Religión; Neoplasias de la Mama.

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INTRODUCTION

Cancer is considered a global public health problem, and breast cancer is the most common type of cancer among women⁽¹⁾. According to estimates from the National Cancer Institute in Brazil, from 2023 to 2025, there will be 704,000 new cases of cancer, and 74,000 will be breast cancer⁽²⁾. Breast cancer brings drastic changes to women's lives due to the impact of diagnosis, treatments, and rehabilitation. The bodily changes caused by these treatments can be traumatic, generating physical, psychological, social, and spiritual repercussions that intensify the fragility experienced⁽³⁾. The onset of depression, anxiety, and other psychological changes can occur at any stage of the disease, since it involves stress and affects the perception of quality of life, and self-esteem, and generates fear due to the severity of the disease and the idea of finitude^(3,4).

From suspicion to diagnosis, treatment, cure, rehabilitation, recurrence, and palliative care, women with breast cancer face several uncertainties⁽⁵⁾. Considering the human being holistically and multifactorial, spiritual suffering can be noted through their subjectivities, adherence to therapies, and quality of life⁽³⁾.

This scenario highlights the importance of religiosity and spirituality for comprehensive care⁽⁶⁾. Spirituality, a significant aspect of human existence, is particularly relevant in the health-disease process, especially in chronic and life-threatening conditions, such as cancer⁽⁷⁾. Although there is no consensus on its concept due to its complexity and scope, spirituality can be understood as how individuals experience their connection with the moment, themselves, others, nature, and the sacred⁽⁷⁾. It is individual, dynamic, and manifests through beliefs, practices, and experiences that seek connection with something that promotes meaning, and growth and leads to the development of internal values⁽⁸⁾.

There is a consensus in the literature about religiosity: it refers to the way in which the individual follows his/her religion, influencing his/her way of life, behaviors, and beliefs. It can be organizational (participation in churches or temples), non-organizational (praying, reading books, watching religious programs on television), and intrinsic (religious beliefs, experience of religion)⁽⁹⁾.

Religiosity and spirituality benefit health and well-being and contribute to coping and resilience in the face of breast cancer⁽¹⁰⁾. The role of religiosity and spirituality in women with breast cancer varies after the diagnosis of the disease^(11,12). However, the positive motivation in adherence and initiation of treatment stands out, contributing significantly to quality of life, and positively

impacting women's physical, mental, and social health⁽¹³⁾. It was also observed that women with breast cancer and low levels of religiosity and spirituality presented more depressive symptoms⁽⁴⁾.

Considering that the Nursing team is responsible for providing care, the need for a comprehensive approach that values social, psychological, and spiritual aspects is highlighted, in addition to physical and technical aspects⁽³⁾. The health team must incorporate religiosity and spirituality into the clinical practice of oncology patients⁽¹⁴⁾. For comprehensive and quality care, it is necessary to train professionals theoretically and scientifically, encouraging empathy, attention, understanding, and the ability to understand human individualities^(3,8,15).

However, studies with nurses⁽¹⁵⁾ and Nursing students⁽¹⁶⁾ indicated insufficient approaches in academic training on spirituality and its application in care, in addition to revealing a lack of knowledge about spiritual care among Nursing students^(16,17). In view of this, the guiding question arises: what are the meanings of religiosity and spirituality in coping with breast cancer? Thus, this investigation aims to describe the meanings of spirituality and religiosity for women with breast cancer.

METHOD

This qualitative, descriptive study focuses on spirituality and religiosity in women with breast cancer. The data were analyzed from the perspective of Husserl's phenomenological method, using the principles of reduction of assumptions, the intentionality of consciousness, and the interdependence between subject and world⁽¹⁸⁾. Thus, the experience of women was revealed, describing the complexity of the phenomenon studied⁽¹⁹⁾.

The study received approval from the Ethics Committee in July 2023, adhering to the National Health Council Resolution number 466/12, with the research beginning after the participants' agreement and the signing of the Informed Consent Form⁽²⁰⁾.

The research was conducted in two hospitals in Juiz de Fora, Minas Gerais, which are references in oncology diagnosis and treatment in the Zona da Mata Mineira region. The first hospital, which focuses on diagnosis, performs approximately 11,000 consultations and 570 hospitalizations per month and has excellent outpatient and imaging diagnostic facilities. The other is a reference in oncology diagnosis and treatment and has inpatient, chemotherapy, radiotherapy, and outpatient care sectors.

The adaptation process in these locations occurred through contact with the managers, mediated by the Technical Responsible Nurses. Initially, a face-to-face

meeting was held in each hospital to understand the routine of care and to introduce to the multidisciplinary team the research and the person responsible for data collection.

The sample was for convenience, involving 15 women who met the inclusion criteria: being over 18 years old, undergoing treatment for breast cancer, or in outpatient follow-up. Women who were unable to understand the objectives of the study or in palliative care were excluded.

To protect privacy, participants were approached after medical appointments or during chemotherapy and were directed to a room reserved for data collection. After agreeing, they signed the informed consent form, and the interview began, conducted individually by a Nursing student, who had undergone training and had no previous contact with them. The data collection period was from July to October 2023.

A semi-structured script was used, divided into two parts: the first referred to the sociodemographic characterization of the participants such as age, city of origin, marital status, education, race, and religion, in addition to clinical data, such as time of diagnosis and treatment performed. The second part included guiding questions⁽²¹⁾ such as: "How did you feel when you were diagnosed with breast cancer?" "Did spirituality/religiosity have meaning for you at this time? And during treatment?" "What does spirituality mean to you? And religiosity?". During the interview, the participants discussed the questions freely, and probing questions were also used to deepen the data, for example: "Please tell me more about this?"; "Please explain to me what this means?" or "Can you give me an example?".

The interviews were audio-recorded, lasting an average of 13 minutes. Data collection ended when the phenomenon was revealed in its various dimensions⁽²¹⁾.

To preserve the anonymity of the participants, the interviews were identified by pseudonyms, using an alphanumeric code represented by the letter 'P' (participant) followed by the number corresponding to the chronological order of the meetings (P1, P2, P3, P4, ...).

To analyze the collected data, three steps of the phenomenological method proposed by Husserl⁽¹⁸⁾ were followed. In the description of the experience, through phenomenological reduction, all interviews were transcribed in full into a digital document, seeking to listen in detail and remember the existential encounter with the participants. This involved suspending their beliefs and value judgments to focus on the phenomenon studied. Then, the described material was explored, with attentive and repeated readings to guide the construction of

analytical categories by identifying parts that could be omitted without losing the essence in the description of the object. In the third stage, consciousness was directed to the object of the experience/living, which consisted of describing the participants' understanding, and revealing their intentionality.

The analysis allowed us to identify the meanings attributed to spirituality and religiosity by women with breast cancer, distributed into three categories. The first highlights the importance of faith and prayers in daily life, although not all of them distinguish between spiritual and religious practices. The second addresses the strengthening of spirituality and religiosity after a cancer diagnosis. The third makes women express in their beliefs the strength that God brings to their lives and their need for help during this period.

RESULTS

Fifteen women who underwent breast cancer treatment or were undergoing outpatient follow-up, with an average age of 50.9 years old, participated in this study. Eleven were from Juiz de Fora and the others were from other municipalities in the Zona da Mata Mineira. Regarding marital status, ten were married, four were single and one was in a stable relationship.

Regarding education, six had incomplete elementary education, one had completed elementary education, two had incomplete high school education and six had completed high school education. Regarding race, seven said they were brown, six were white and two were black.

The time since diagnosis varied: up to one year for ten women, from two to three years for three, and more than four years for two of them. All of them underwent chemotherapy, 13 underwent surgery and four underwent radiotherapy.

As for religion, nine said to be Catholic, five were evangelical and one had no religion but considered herself spiritual. All participants reported believing in God.

Having faith in God and praying is important to help you believe, have strength, and ease the process... Whether you know what spirituality means or not, you feel calm and at peace.

Women expressed different understandings of spirituality and religiosity, as well as the feelings that these beliefs provoked:

For me, spirituality is a force that everyone has, regardless of religion, something is inside us. [...] But it's up to us to discover

it. [...] I believe in God, I feel this energy, but I don't follow any religion (P6)

I don't even know what spirituality is, I don't know what it is. [...] It's a blessing, it means peace, love, respect, you know? (P7)

Oh, it means everything, because if you don't have a religion, how do you live your life? Whatever it is, you have to have one. You have to hold on to it, if you don't hold on to it, I think it gets worse (P13)

The participants expressed how they understood faith in God, and highlighted the importance of their religious beliefs and the support provided by this belief for the moment they were experiencing:

My faith in God is what elevates me, elevates my spirit, my soul, so that I can walk. [...] What is essential in my life is God, 100%, because if it weren't for Him, I wouldn't have gotten this far, if it weren't for Him, for Him (P10)

The meaning is that we have to cling to a God [...] and let it happen (P11)

I think it's more a question of faith. [...] This spiritual side is already mine [...] (P8)

Faith that commands, is fundamental, right? [...] My faith is very important. I think I'm going through a light process. I say that my burden is very light, because of that (P15)

For the participating women, prayer times took place in a variety of settings, not restricted to churches or temples. In their prayers, the women expressed gratitude and asked for help, reflecting the manifestations of faith during treatment for physical and psychological healing:

[...] faith is the firm foundation of what you don't see, but you believe [...]. And I went, I had the surgery, and shortly after I left the operating room, I went to the room and I started thanking God, thanking God and the people who were there (P1)

[...] It's not only in the Catholic church that I talk to Him. When I'm at home, I sit down, I talk (P2).

I think it's essential. I was doing chemotherapy but with my rosary in my hand (P4).

[...] very strong [...] it's like there's a weight, you take it off, you feel more relieved, you hold on to it, you know? And I think it helps a lot, a lot, a lot, a lot. [...] Not only physically, but psychologically as well (P3)

[...] I have a lot of faith and devotion to Our Lady of Aparecida. I always asked for everything, I always believed, you know? I put Her first and I really trusted that it would work out (P5)

I pray with faith, everything works out, we even feel a little more relieved, things work out. That's what I feel, my prayer every day, that's what I do (P14)

Increase faith and attachment to God even more since becoming ill with breast cancer

Participants reported that they had faith, but that after receiving a breast cancer diagnosis, their spirituality, belief, and attachment to God increased:

[...] I already had my faith. After I got sick, my faith grew even stronger. Then I became more attached to God (P2)

I am Catholic and I became very attached, but I became even more attached after the diagnosis (P4)

It strengthened me. I didn't get angry, I didn't feel angry at any time. [...] I just said, oh Lord, it's in your hands, as it has to be, it will be. [...] (Faith) It even increases, it seems, it increases (P8)

I didn't pray like I do every day. I used to, but not every day. Today I don't forget, every night or every hour of the day I say it, I pray a rosary. I think it has increased (P9)

[...] I just have to thank God. I am evangelical, I sought God a lot, twice as much as I didn't seek Him, so that I could be cured and I feel cured (P10)

Furthermore, they report moments of prayer, both to ask and to thank God.

It always has, but I've become even closer, right? [...] I always wake up asking for it, but it's more in moments of anguish, like in moments of despair you ask, you seek, all of this helps you (P3)

[...] (Spirituality and Religiosity) It helped me a lot because I pray a lot, [...] there's a little saint in my room that I leave near my bed, I pray every day, right? It's been working so far, thank God (P14)

Faith was highlighted by participants as a positive factor and brought spiritual strength in facing treatment:

[...] I would often get home and go to my room and kneel to ask for strength because I wanted to give up. Right now, if I don't keep up this faith, asking God, I might stop the treatment when I reach the end. There's still a path that I need to go through, but knowing that when I'm weak, God will carry me in his arms. (P1)

[...] It's like this energy that we have inside, [...] kind of activated that, this faith. I think that in this treatment, I think it was the only thing that I found that helped, right, in this situation (P6)

[...] With the treatment, today I see myself with more faith, right? With more spiritual strength and dedication (P5)

I clung to the One who is worthy of all honor, which is God. That's where I got better because I'm very anxious. I ask the Lord for strength because if not, I don't know (P7)

Believe in God's purpose, in the strength that comes from Him, and ask for help to go through and overcome the processes.

The participants expressed the belief that God allowed them to go through the illness process and did not blame Him for it, as they believed there was a purpose:

[...] you don't have to blame God at any time [...], but I clung much more to (God) to know the answers, the meaning, why we go through this, but like I said, we go through this because we have to (P2)

Everything in life has a purpose because a leaf doesn't fall if God doesn't allow it. So, I believe that I'm going through this process, but I believe that victory is certain (P7)

So that's how God is, it's God's care in our lives. He allowed this to happen to say that he is with us and allowed us to go through the whole process [...] (P10)

Spirituality was expressed through beliefs and the search for meanings for the experience of becoming ill with breast cancer:

[...] If you don't have the strength, He will give you that strength. [...] (P1)

I say that there is not only the flesh, there is also a spirit. And it feels. [...] Like, what is on the outside is an eggshell. But inside you have what sustains you, that gives you more strength to be able to face it (P3)

[...] I seek God, and then God gives me more strength to be able to endure because I think if I didn't seek God, I wouldn't have the strength for what I'm going through (P12)

I pray to God a lot, to give me a lot of strength, health, [...] Faith always comes first, the rest is easy to go (P13)

I come here (Chemotherapy) as if I were getting a vaccine. [...] I'm in treatment looking for a cure and if this disease were to defeat me, great, I'll go to a much better place than this one (P15)

Religiosity, regardless of the religion reported by the participant, was also reported as an influence on the way of life during breast cancer treatments:

(Religion) That's where I found a lot of strength. I think that holding on to a belief helps you a lot to overcome obstacles (P4)

[...] I go out and pray, I say my prayers, I'm used to it and I say Jesus, come with me. Here I sat down and talked to Him in my mind. I don't say that it's medicine that's going in here, I say that it's the blood of Christ. Just like when I went to have surgery, I talked to Him too, I said the Lord is going to perform my surgery. Doctors are just instruments, but the surgery is going to be performed by Jesus [...] I say I'm already cured, whoever performed the surgery wasn't going to leave anything here (P8)

[...] When I was there to have the surgery, I asked my protectors, my saints, to help me and I put it in their hands. I think it helped me to calm down [...] when I went in to have surgery, I put it in Mary's hands, I said that she was going to throw her cloak over me, that nothing bad would happen. [...] I think that because I gave in to religion, it helped me a lot in my recovery (P9)

[...] I went to church, I got there, I asked for His will to happen. And so I went on, I'm here again today [...] If we don't have a belief, to believe in something, I think everything becomes more difficult (P11)

[...] Quando eu estava lá para fazer a cirurgia eu já pedi aos meus protetores, meus santos pra me ajudar e entreguei na mão deles. Eu acho que me ajudou a me tranquilizar [...] quando eu entrei pra fazer cirurgia, entreguei na mão de Maria, eu falei que ela ia jogar o manto dela, que não ia acontecer nada de errado. [...] Eu acho que por eu ter me entregado à religião, me ajudou muito na recuperação (P9)

[...] Fui na igreja, cheguei lá, pedi que acontecesse da vontade Dele. E assim fui levando, estou aqui hoje outra vez [...] Se a gente não tiver assim uma crença, acreditar em uma coisa, eu acho que fica tudo mais difícil (P11)

DISCUSSION

A breast cancer diagnosis causes drastic changes and physical, emotional, and social suffering. However, spirituality and religion emerge as important sources of support, hope, and driving strength for cancer patients. The participants' statements show that faith in God was

essential for these women, providing them with the strength to complete their treatment and face the post-cancer situation.

Spirituality can help cancer patients adapt to stressful conditions, mostly in a positive way^(11,12). The strength and support provided by these beliefs are crucial for individual relaxation and the reduction of problems and emotional overloads^(22,23). Furthermore, faith in God is established as a tool in coping with cancer, bringing comfort and hope in difficult times^(24,25). A qualitative study with 30 Nigerian women with stage III and IV breast cancer concluded that believing in God's healing power motivated them to have more faith and seek improvements in their health, even when faced with the possibility of death from cancer⁽²⁶⁾.

Prayers performed in temples or churches are chanted mainly in moments of anguish, as they convey feelings of relief, peace, and gratitude for life⁽²⁷⁾. In a complementary manner, the women in this study also highlighted the importance of religious practices in church, but reaffirmed the relevance of prayer everywhere, whether at home or in hospitals.

In addition to daily prayers, some participants stated that they already had faith in God before their cancer diagnosis, but that this event increased their faith and attachment to God. Relying on God and a deep sense of faith are strategies to minimize suffering⁽²⁵⁾.

Despite the fear of death and uncertainties about life, studies report that many women believe that going through breast cancer was God's will. They do not blame God for it, considering other variables such as luck or destiny^(22,27). Similar to these findings, the testimony of some participants in this study shows breast cancer as a purpose in their lives allowed by God, believing that divine strength always leads to victory over cancer.

Therefore, the psychosocial and spiritual aspects of women experiencing breast cancer should be considered, seeking to improve their quality of life. However, health services often focus excessively on physical care, neglecting psychospiritual issues, which can lead to negative consequences during treatment⁽²⁷⁾. The health team must offer psychosocial and spiritual support in their professional practice.

In a study of 20 Chinese women with metastatic breast cancer undergoing chemotherapy, a strong positive influence was detected in the implementation of coping strategies by health professionals in promoting hope, spiritual support, goal setting, positive thinking, and spiritual growth, helping to mitigate the stressors of the disease⁽²⁸⁾. In addition, social support is a strong ally against anxiety and depression⁽²⁹⁾.

Thus, the nurse must guide their care from an empathetic and comprehensive perspective, valuing spiritual and psychological aspects^(22,30), since psychological problems directly affect the patient's immune system and quality of life, favoring the salutogenesis process to the detriment of pathogenesis⁽³¹⁾.

Furthermore, religious and spiritual support can improve the quality of life and minimize the negative impacts of breast cancer⁽³²⁾. Thus, nurses, when performing their role of patient-centered care, must develop strategies that meet the individual's spiritual needs⁽²⁸⁾. The results of this study corroborate these practices, as some participants resorted to these strategies to strengthen the fight against breast cancer.

Spiritual care from a holistic perspective is often not sufficiently valued by nurses due to the lack of academic training on the topic. This can lead to uncertainty and a lack of knowledge. Furthermore, professionals fear that by addressing this topic, they are imposing their beliefs and violating ethical principles. Therefore, educational institutions must include courses on spirituality and health in their curricula, in addition to promoting debates on their relationship with care. Stimulating scientific research is crucial to applying knowledge in a practical and theoretical manner^(31,33).

This study has limitations, such as differences in the time of diagnosis and phases of treatment among women, which may influence their perception of religiosity and spirituality. However, it contributes significantly to Nursing, highlighting the importance of spirituality and religiosity in the treatment and care of women with breast cancer. It encourages the adoption of holistic oncological care, which considers not only the physical and psychological aspects but also the spiritual and religious ones. Nursing schools should integrate spirituality and health topics into their curricula and encourage discussions about their clinical practice. In addition, it is essential to encourage research to enable nurses to incorporate spirituality ethically and efficiently, offering comprehensive and focused support to the oncological patient.

FINAL CONSIDERATIONS

Spirituality and religiosity are essential in coping with breast cancer, offering emotional, psychological, and spiritual support. Participants reported that faith and religious practices were essential in dealing with the challenges of the disease, increasing resilience, and promoting hope and comfort. These coping strategies allowed a new interpretation of events and greater engagement during treatment. This study highlights the importance

of religiosity and spirituality in the treatment of women with breast cancer, pointing to the need for comprehensive and humanized care.

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