THE ROLE OF RELIGIOUS COPING ON THE PSYCHOLOGICAL DISTRESS OF WOMEN WITH BREAST CANCER

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ABSTRACT

Breast cancer poses a psychological burden on the patient due to the disease itself or the treatment that must be undergone. Women facing breast cancer are a great stress for her as they have to deal with new and challenging problems and choices that can lead to psychological distress. The existence of religious coping for women with breast cancer will make them continue to think positively about their situation so that they can reduce anxiety, stress, depression, and helplessness. The research design used in this study is correlational analysis with the aim of analyzing *religious coping* on psychological distress in breast cancer patients. A sample of 88 breast cancer patients was carried out by non-probability *sampling* with convinience sampling. The instrument in this study uses *the RICOP Brief,* while the psychological distress instrument with the *Kessler Psychological Distress* Scale (K10) The collected data was analyzed using the spearman rho analysis test with a confidence interval of 95% with alpha (α) = 0.05. The results were obtained that the effect of positive religious coping on psychological distress with p = 0.034 ≤0.05 with rho = -0.312 for positive religious coping on psychological distress with a value of p = 0.992 with rho = -0.001 9. Positive religious coping has a significant effect on psychological distress in women with breast cancer with negative values, where high positive religious coping will reduce the psychological distress that occurs, The use of religious coping has no effect on psychological distress in women with breast cancer

Keywords:
Religious Coping, psychological distress, breast cancer

Introduction

Women diagnosed with breast cancer , both young and old, have the same psychological problems related to trauma diagnosis, side effects of therapy that can alter body image and sexual behavior, fear of recurrence, and death (Dinapoli et al. 2021) Psychological burdens can be anxiety, depression, anger, uncertainty about the future, hopelessness, fear of cancer recurrence, fear of separation, fear of pain, decreased self-esteem, decreased body image, anxiety, unloved and fear of death (Soqia et al. 2022) These changes can affect the psychological impact on the quality of life of breast cancer patients (Devi2, 2016). Psychological distress can be a predictor of death for patients with cancer. Religious coping of women with breast cancer will make them keep positive thoughts about their situation so that they can reduce anxiety, stress, depression, and helplessness (Dinapoli et al. 2021; Maryanti and Herani 2020)

The incidence of cancer in Indonesia reached 396,914 cases, with 234,511 deaths and will continue to increase if cancer control efforts are not carried out. The highest cancers in women are breast cancer with 65,858 cases, cervical cancer with 36,633 cases, cancer, lung cancer with 34,783 cases and colorectal cancer with 34,189 cases (Ministry of Health, 2023). The prevalence of cancer in women in East Java based on basic health research in 2018, is more when compared to men. Females are 3.5 per 1,000 population and males are 0.8 per 1,000 population. Breast cancer in Surabaya in September 2022 amounted to 1,343 cases, there was an increase in 2023 an increase of 11%, as many as 1,677 (Hasana, 2023). Breast cancer data at HAJI Surabaya Hospital in 2022 is 3,042 outpatient and 325 inpatient patients. In 2023, there will be 3,355 outpatient and 223 inpatient patients. In 2023, 1,747 patients will be outpatient and 63 patients will be hospitalized (Medical records of Haji Hospital, 2023). The prevalence of cancer-related psychological distress was 85% (n = 286) fear of cancer recurrence (n = 175.61%), anxiety (n = 152.53%), depression (n = 145.51%), fear of death (n = 91, 32%), anxiety about sexuality (n = 87, 34%), fertility (n = 78.27%), and *body image disorders* (n = 78.27%) (Mattsson et al., 2018). The results showed that half of the total respondents (n = 64%, 47.8%) experienced low levels of *spiritual wellbeing* and *psychological wellbeing* during the entire illness period (Widyaningsih & Istifaraswati, 2020).

Factors that can affect the level of psychological distress in cancer patients include religiosity or spirituality, resilience, personality, and knowledge of the disease (Dinapoli et al. 2021; Maryanti and Herani 2020) Women facing breast cancer are a big pressure for her

as they have to face new and challenging problems and choices. Receiving a diagnosis, undergoing treatment, understanding the prognosis, dealing with possible side effects, possible relapses, facing an uncertain future, are stages of a stressful process that can lead to psychological instability and can lead to depression or other *mood* disorders. (Nisa and Syafitri 2022) The religious dimension plays an important role in the way they cope with psychological distress in breast cancer patients. Religion forms a meaning, when individuals are faced with a problem in their life by creating a positive worldview, so that those who are religious are more able to menginterpretasikan pengalaman hidup yang negatif dalam cara pandang yang bermakna dan penuh hikmah (Fekih-Romdhane et al. 2021)

Individuals who have a high *religious coping* will be able to reduce the emotional pressure caused by their illness through their religious behaviors such as religious parktek through prayer, or surrender to Allah (Triantoro 2015) This more positive emotional mood will prevent the individual from getting caught up in depression and a state of psychological distress. Religious practices and religious experiences make a person able to cultivate positive emotions related to mental health. Positive emotions from religion can also prevent individuals from engaging in negative compensatory behaviors in solving their problems (Koenig 2020) This positive view then fosters a sense *of hopefulness*, which in turn fosters calmer, more hopeful emotions.

Materials and Methods

Design

The research design used in this study is correlational analysis with the aim of analyzing *religious coping* on psychological distress in breast cancer patients so that it will result in a causal relationship between independent variables and bound variables (Nursalam 2020) The approach used is *cross sectional.* Because the free and bound variables are measured simultaneously (cause and effect variables that occur in subjects that are measured or collected at the same time) (Sugiyono, 2013). In this *Cross sectional* approach, it is carried out by providing questionnaires to research samples at one time

Sample and setting

The population in this study is all women with breast cancer who underwent treatment/control at the hematology oncology polyclinic of the Haji Regional General Hospital, East Java Province in July – August 2024, a sample of 88 breast cancer patients was carried out by *non-probability sampling* with convinience sampling.

Instruments

In this study, religious coping measurements were carried out using the IRCOPE (*Iranian Religious Coping Scale) measuring tool*. This measuring tool was developed by Aflakseir & Coleman (2011) in the context of Islam. IRCOPE has two dimensions of religious coping, namely positive religious coping and negative religious coping. Of the two types, religious coping is then further divided into 5 sub-categories, namely *religious practice, negative feeling toward God, Benevolent Reappraisal, Passive, and Active*. There are 22 items on this measuring device. Items in this scale are all arranged in a favorable form. This type of scale is likert, so there are 5 answer options, namely: (1) Always; (2) Often; (3) Sometimes; (4) rare; (5) Never. In this study, the researcher calculated the value of religious coping by separating the calculations between positive and negative religious coping. Items related to *religious practice, benevolent reappraisal, and active religious coping* are included in *positive religious coping.* While items related to *negative feeling towards God, passive religious* coping is included in negative religious coping. Meanwhile, the Psychological Distress instrument with the *Kessler Psychological Distress* Scale (K10) is one of the simple measuring tools of psychological distress. This scale consists of 10 questions that discuss related to the symptoms of anxiety and depression experienced by individuals over the past month (Easton et al., 2017) with answers using the Likert scale. : 1= Never; 2=Rare; 3= Sometimes; 4= Often; and 5= Always. The interpretation of this measuring tool is that the higher the score, the higher the psychological distress (Wang et al. 2020) The total score if the K10 is in the range of less than 20 is categorized as "Not experiencing stress"; a score of 20-24 is categorized as "Mild stress"; a score of 25-29 is categorized as "Moderate stress"; and scores of 30 and above 30 are categorized as "severe stress".

Data collection

The procedure for collecting data is to fill out a questionnaire after the respondent gives consent. The research was carried out for 8 weeks (July – August 2024) at the hematology oncology polyclinic of Haji Surabaya Hospital

Data analysis

The collected data was analyzed using the Spearman rho analysis test with a confidence interval of 95% with alpha (α) = 0.05

Ethical consideration

This research has obtained ethical approval from the Health Research Ethics Committee of the East Java Provincial Hajj Hospital (445/119/KOM. ETICS/2024)

Results

Haji Surabaya General Hospital (RSU) is a hospital owned by the East Java Provincial Government which was established in 1990. Hematologic Oncology Polyclinic is a polyclinic at Haji Surabaya Hospital which is one of the outpatient treatments located on the 3rd floor. Outpatient services at the Hematologic Oncology polyclinic are in accordance with the standard operating procedures and at the polyclinic patients carry out examinations and controls. The most common cases are breast cancer with various treatment and treatment histories such as chemotherapy, radiation and also post mastectomy. Side effects of treatment actions can be physical and psychological complaints where psychological distress occurs caused by the cancer itself or the treatment process

Table 1. 1 : Characteristics of women with breast cancer in poly onko hematology of Haji Surabaya Hospital August 2024 (n=88)

Characteristic	Indicator	Frequency	Percentage (%)
Age	Min	34	Mean = 53,11
	Max	83	SD = 9,76
Education	Elementary school	16	18,2
	Junior high school	14	16,0
	High school	28	31,8
	Colage	30	34,0
Work	House wives	67	76,0
	PNS	7	8,0
	Wiraswata	14	16.0
Income	≤ UMR	61	69,3
	UMR	13	14,7
	≥UMR	14	16,0
Marital Status	Un married	5	5,8
	Marry	70	79,5
	widow	13	14,7
Long Diagnosed	1-12 bl	30	34,1
	13- 24 bl	29	33,0
	25- 36 bl	9	10,2
	37- 48 bl	5	5,7
	49-60 bl	4	4,5
	>5 yrs	11	12,5
Stadium Ca	IA	2	2,2
	IB	2	2,2
	IIA	23	26,1
	IIB	18	20,5
	IIIA	24	27,2
	IIIB	11	12,5
	IV	9	10,3

Characteristic	Indicator	Frequency	Percentage (%)
Treatment	mastectomy	33	37,5
	Mastectomy, chemo/ radiation	35	39,8
	Mastectomy, chemo and radiation	20	22,7

Based on table 4.1, the characteristics of 88 respondents were obtained as the youngest age of 34 years and the oldest at 83 years old, with a university education, 30 people (34%) as housewives, 67 respondents (76%), married 70 (79.5%) with a long time diagnosed with breast cancer 1-12 months, 30 respondents (34.1%) with stage IIIA, 24 (27.8%) and undergoing treatment with mastectomy and chemotherapy/radiation 35 (39.8%)

Table 4.2 : Religious Coping and Psychological Distress in Women with Breast Cancer at the Hematology Polyclinic of Haji Hospital Surabaya, August 2024 (n=88)

Variable	Frequency	Percentage (%)
Positive religious coping		
high	56	63,6
medium	32	36,4
Negative religious coping		
high	49	55,6
medium	38	43,2
Low	1	1,2
Psychological Distress		
Does not happen	46	52,3
Mild psychological distress	24	26,1
Moderate psychological distress	12	13,6
Severe Psychological Dyslexia	7	8,0

Based on table 4.2, the results of respondents who used positive religious coping in the high category 56 (63.6%) and medium category 32 (36.4%), negative regillius coping in the high category 49 (55.6%), medium 38 (43.2%) and low 1 (1.2%) with the incidence of severe psychological distress 2 (2.3%), medium 1 (1.2%), for psychological distress, no distress occurred 76 (52.3%), mild distress 24 (26.1%), moderate distress 12 (13.6%) and severe distress 7 (8.0%)

Table 4.3 : Effect of Religious Coping on Psychological Distress in Women with Breast Cancer at the Hematology Polyclinic of Haji Hospital Surabaya, August 2024 (n=88)

Variable	Frekwensi (%)	p- value
Positive religious coping		
high	56 (63,6)	p = 0, 034
medium	32(36,4)	r = - 0,312
Negative religious coping		
high	49(55,6)	p = 0,992
medium	38(43,2)	r = - 0,001
Low	1(1,2)	

Variable	Frekwensi (%)	p- value
Psychological distress		
Does not happen	46(52,3)	
Light	24(26,1)	
Keep	12(13,6)	
Heavy	7(8,0)	

Based on table 4.3, the effect of positive religious coping on psychological distress with p = 0.034 ≤0.05 with rho = -0.312 for positive religious coping on psychological distress with a value of p = 0.992 with rho = -0.001 9

Discussion

Positive religious coping affects psychological distress, where increasing positive religious coping will reduce psychological distress. Positive religious coping explained by indicators of *Religious Practice*, *benevolent reappraisal* and *religious coping* activities can provide a variety of adaptive functions for individuals such as understanding and interpreting an event that occurs, providing various avenues to achieve self-control and mastery, and reducing individual worries about living in a world where life-threatening events can happens all the time. Individuals who use positive religious coping also show lower depression, anxiety, and distress. This adaptation proved that most respondents were willing to undergo treatment measures of more than one type of treatment (chemotherapy and radiation) even with various side effects occurring.

The results of this study are in line with a study conducted by Tamir (2020) that the use of religious coping increases optimism and hope, which in turn inhibits anxiety (Vishkin, A., & Tamir 2020) Religious coping behaviors, such as praying, are usually done to manage situations can cause psychological stress (Jong 2020) The respondents in this study were Muslims, with an average of 53 years old, with a breast cancer diagnosis, came to health services mostly at stage IIIA, got closer to Allah through religious practices such as praying, doing alms and also considered that the cancer that occurred could be an abortion of sins and made it the strength to undergo treatment. Individuals who get sick and use positive religious coping refer to the hadith "*Every Muslim who is affected by a disease or something else, surely Allah will eliminate his mistakes, just as a tree sheds its leaves* (HR. AL Buchori no. 5660 and Muslim no. 2571)

Research conducted by Utami (2012), reveals that individuals will tend to use positive religious coping when facing unpleasant situations, will interpret it positively and sincerely in accepting reality, by performing worship, staying away from immoral acts, and always obeying the teachings of Allah (Utami 2012) . This finding is in line with Al-Natour et al., who stated that in Iran breast cancer patients on average have a high regiliusness, (Al-Natour, Al Momani, and Qandil 2017)), this is attributed to the predominantly Muslim Iranian society and more religiosity when diagnosed with cancer. This research is in line with the research of Effendy et al., in Indonesia the majority of Muslims are Muslims, and religion plays an important role in their daily lives, where illness is considered God's will, and death is predestined by God, which makes it easier for them to

accept their illness and limited life expectancy (Effendy et al. 2014)

Through religion, individuals can rebuild their cognitive processes regarding the cancer they experience. These cognitive changes will change the reality of the individual after trauma so that it will form new schemes and possibilities that can occur in the future and will make the individual better than before. The religious approach also increases a person's likelihood of understanding and reconciling with the events of life (Harrison et al. 2001). Many research studies have confirmed the effectiveness of religious coping behaviors in helping people manage their feelings of distress and anxiety, as to overcome guilt they submit completely to God's will, view positive fiction, and control their fears (Rababa, Hayajneh, and Bani-Iss 2020) .

Negative religious coping with negative *feelings toward God* and *passive religious coping.* A person does negative religious coping, because there is a tendency to think badly about things that happen beyond his will and have an impact on him, Individuals who use *passive religious coping* tend to wait for God to control the situation, where the individual only expects God to solve his problems Reproductive age, marriage and having a partner (husband), breast cancer diagnosis will provide a psychological burden. Most respondents were diagnosed with breast cancer for less than 12 months with treatment that had to be undertaken, both mastectomy, chemotherapy and radiation would cause fatigue. The treatment carried out does not provide a guarantee of recovery from his illness and feels that Allah has abandoned him. In line with research conducted by Baldacchinoet et al (2023), it was found that it will express a decrease in the individual's closeness to His God, due to disappointment from unfulfilled expectations so that they consider God far away and do not grant their wishes, which is related to reduced acceptance of the current situation (Baldacchino, Bonello, and Debattista 2014). This coping method is an expression of different religious orientations; which involves a strained relationship with God, as well as the view that the world is an unsafe place (Pargament et al. 1998)

Negative religious coping is determined by a series of different methods of religious coping, namely spiritual dissatisfaction, blaming God's destiny, interpersonal religious dissatisfaction, judgment of the power of evil, and re-assessment of God's power. Thus, people who use negative religious coping, they will combine different religious thoughts, feelings, behaviors, and concepts in their efforts to deal with life's major stressors (Pargament et al. 1998).

Conclusions

Positive religious coping explained by *Religious Practice*, *benevolent reappraisal* and *religious coping activities* have a significant effect on psychological distress in women with breast cancer with negative values, where high positive religious coping will reduce the psychological distress that occurs, The use of religious coping has no effect on psychological distress in women with cancer breast

Declaration of Interest

The authors declare that there is not any conflict of interest in this study

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