

The Relationship between Islamic Religiosity, Depression and Anxiety among Muslim Cancer Patients

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Abstract

There is a growing body of evidence that religiosity and spirituality can buffer depression and anxiety and support the healing process in cancer patients. However, literature on the role of Islamic religiosity in the healing of Muslim cancer patients are few. This study aimed to examine the relationship between Islamic religiosity with depression and anxiety in Muslim cancer patients. 59 cancer patients were approached in oncology day care and ward at a Malaysian government hospital and in a cancer support group activity. Patients completed the Muslim Religiosity and Personality Inventory which assessed their Islamic religiosity scores through the constructs of Islamic beliefs and Manifestation of Islamic belief. Self-rated depression and anxiety were assessed using validated Beck Depression Inventory and Beck Anxiety Inventory in Malay. Ten of the patients were interviewed about their spiritual experiences and emotions. Questionnaire findings revealed a significant negative correlation between Islamic religiosity with depression and anxiety. Higher manifestation of Islamic belief was associated with lower depression while higher Islamic belief was associated with higher education. Higher Islamic religiosity was associated with older age, married and pensioned patients. Interview findings revealed that being ill brought the patients closer to God and many thanked God for the blessing and time spared for them to repent and do more good actions. All of them used prayers to heal their pain. Patients also reported strong feelings of anger, frustration and sadness after the initial diagnosis which slowly disappeared as they began to accept their illness as a blessing in disguise. It is concluded that there is a need to respond to the meaning and values given to human existence besides responding to physical and mental suffering in cancer patients.

INTRODUCTION

Depression and anxiety are among the most commonly reported psychological symptoms among cancer patients. Studies have found depression and anxiety to be high after patients receive hospital treatment (Lue, Huang and Chen, 2008) and when they are in pain (Petkova, Nikolov, Galabova and Petrova, 2010).

In spite of the psychological symptoms commonly associated with cancer, studies have also shown that cancer and other life-threatening diseases have been found to raise acute existential concerns in many of the patients (Cunningham, 2005). It has also been found to deepen faith which transcends religious and ethnic differences and the internalization of a spiritual response to a life-threatening illness as well as the expression of spirituality may feel more similar to each other than different (Levine et al., 2007).

Studies have also related on the associations between spirituality and religion with psychological symptoms among cancer patients. One such research indicated that religion and spirituality have been found to predict a decline in depressive symptoms, an increase in vitality, improving mental health and lowering cancer-related distress (Yanez, Edmondson, Stanton, Park, Kwan, Ganz & Blank, 2009).

However, a search in the literature saw that many of the studies which explored on the relationship between religiosity and spirituality with mental health found that spirituality played a more significant role than religiosity in relation with lowered tendency of depression and anxiety (Mystakidou, Tsilika, Parpa, Smyrnioti & Vlahos, 2007) and an increase in quality of life (Rippentrop, Altmaier and Burns, 2006).

In the present literature, a high proportion of spirituality-mental health connections studies have been conducted mostly within populations of US Christians of one denomination or another and thus the work is not global. It is also said to have no therapeutic impact of spirituality on mental health, rather it has more of protective effects rather than therapeutic (Levin, 2010). Currently, there are very few studies on the relationship between Islamic religiosity (the religion of the Muslims) with the Muslims' psychological health particularly among cancer patients.

One such research is a qualitative study among three Malaysian Muslim women with advanced breast cancer, whereby the women initially had feelings of self-doubt regarding their relationship with Allah (the Muslims' name for God) but later on the confrontation prompted a turn to spirituality and reminded them to open themselves more deeply to Allah. They view life as a trial in preparation for life in the Hereafter, and hence this becomes their greatest motivator to continue striving and being committed to continuous self-development. (Ahmad, Muhammad and Abdullah, 2010)

Another research on Muslims is among Iranian cancer patients undergoing chemotherapy whereby they were found to have a heightened attitude towards prayers. They gained higher scores in the subscale of attitude towards prayers in which among the items were "My prayers have helped me adjust to the diagnosis of cancer" and "I know God is taking care of me now" (Rezaei, Adib-Hajbaghery, Seyedfatemi & Hoseini, 2008).

These two studies indicated that the Muslim cancer patients had increased their connections with God (Allah) with the knowledge of their contraction with cancer.

DIFFERENCES IN DEFINITIONS OF RELIGIOSITY AND SPIRITUALITY

In the Western psychology literature, the term religiosity connotes a different meaning than spirituality which is in contrast with Islam, which does not differentiate between religiosity and spirituality,

In the Western literature, religiosity is almost always defined as a shared system of organized beliefs and practices which involves a Higher Power, (Mystakidou et al., 2007), and the desire to please that power (Mc Coubrie and Davies, 2006). It also defines the nature of God and guides worship (Meraviglia et al., 1999).

On the other hand, spirituality is defined as people's understanding of their lives in terms of their ultimate meaning and value (Mystakidou et al., 2007). It is an aspect of the self which searches for meaning, attempt to make sense out of life events, and which seeks to reconcile one's experiences with personal beliefs (Boeving, 2000). It may exist without religious beliefs or practices and may also co- exist together (Mc Coubrie & Davies, 2006).

From the Islamic perspective, religion is the broader construct which encompasses a 'way of life'. Religion provides the roadmap to one's ultimate purpose in life, that is, to live continuously in relationship with God, the Creator. Thus, the separation between religion (the roadmap) and spirituality (the purpose the roadmap serves), most likely, is not accepted in the Islamic way of life.

This is because to be spiritual but not religious may make a person spiritual but without religion or a road map to reach God; he or she may be misguided. Similarly, to be religious but not spiritual may make a person religious, but without self-understanding and consciousness, he or she is considered spiritually dead. Therefore in Islam, religion and spirituality are integrated into a unitary way of life (Ahmad et al., 2010).

PURPOSES OF THE STUDY

1. To examine the relationship between religiosity and depression among Muslim cancer patients.
2. To examine the relationship between religiosity and anxiety among Muslim cancer patients.
3. To explore the spiritual experiences of Muslims with cancer.

METHODOLOGY

Participants

Participants were recruited while they were attending oncology daycare and ward in a Malaysian public hospital and a cancer support group. The inclusion criteria were Muslims with diagnosis of cancer. 59 patients participated in the survey and 10 of them participated in the interview. Participants range between 15-65 years old. The study was conducted between July to August 2010.

Procedures

Once ethical approvals were obtained, the researcher approached cancer patients at oncology daycare and ward and explained about the research. Patients who were not able to fill in the questionnaires due to physical incapability or sight problems were assisted by the researcher by reading out the questions to them. Once patients had given their written consent, basic demographic details were collected. Patients were then asked to complete three sets of questionnaires: i) the Beck Depression Inventory (Malay) ii) the Beck Anxiety Inventory (Malay) and iii) The Muslim Religiosity and Personality Inventory (Malay) short version.

Participants were also recruited while they were attending activities at a cancer support group. They were given an explanation about the research and the questionnaires in a self-addressed envelope were given to them to return after they have filled in the questionnaires.

Ten patients agreed to be interviewed and were asked about their spiritual experiences. The main questions asked were “Do you feel there is a difference between your relationship with God after you got cancer?” and “Do you think cancer has changed your spiritual self? If yes, in what way has it changed you?”

Psychological Instruments

i) The Muslim Religiosity and Personality Inventory

The Muslim Religiosity and Personality Inventory (MRPI) is an Islamic religiosity measurement instrument which was developed for Muslims in Malaysia (Krauss et al., 2006). It is comprised of two main religiosity dimensions, namely religious knowledge (Islamic Worldview) and religious practice (Religious Personality).

MRPI is able to assess these two dimensions to determine an overall religiosity score (Islamic religiosity score) which can be used to ascertain whether or not a particular respondent is understanding and practicing Islam in a comprehensive manner.

The Islamic Worldview construct includes individual knowledge and perceptions towards statement on the pillars of Islam whereas the Religious Personality Dimension includes a person's attitudes and behaviors that emerge from his/her values.

ii) Beck Depression Inventory (Malay)

The Beck Depression Inventory (BDI) (Beck, Steer & Brown, 1996) has been shown to have good psychometric properties in Western and non-Western populations for the past 40 years. It has become one of the most widely accepted instruments for assessing the severity of depression in diagnosed patients and for detecting possible depression in normal populations.

This study uses the BDI-Malay version which has been validated among Malays in Malaysia by Mukhtar and Oei (2007). It was translated using the original BDI. The authors concluded that the BDI-Malay can be used with confidence as an instrument to measure levels of depression for Malays in Malaysia.

iii) Beck Anxiety Inventory (Malay)

The Beck Anxiety Inventory- Second Edition (BAI-II) (Beck & Steer, 1993) is a 21-item scale that measures the severity of self-reported anxiety in adults and adolescents for the past week. It was developed to assess symptoms corresponding to criteria for diagnosing anxiety disorders listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition. The author incorporated items that are specific to the physiological and cognitive symptoms of anxiety and independent of the symptoms of depression.

The psychometric properties study of the Malay version of the BAI-II was conducted by Mukhtar and Zulkefly (2011). The study showed that BAI-Malay is a reliable and valid instrument to measure symptoms of anxiety in the Malay population and can be used in research and clinical service in Malaysia.

RESULTS

i) Islamic Religiosity and Depression Relationship

A significant negative correlation (<0.01) was found between depression and Islamic Practice subscale ($-.347$) and with Islamic religiosity scores ($-.350$). This is presented in Table 1.0

Table 1.0 Correlation between scores of Muslim Religiosity Personality Inventory (MRPI) and Beck Depression Inventory (BDI)

	MRPI		
	Islamic Worldview Total	Religious Personality Total	MRPI Total
BDI			
Pearson correlation	$r = -.161$	$r = -.347$	$r = -.350$
Significance (two-tailed)	$p = .224$	$p = .007$	$p = .007$

ii) Islamic Religiosity and Anxiety Relationship

A significant negative correlation (<0.05) was found between anxiety (-.287) and Islamic religiosity score. This is presented in Table 2.0.

Table 2.0 Correlation between scores of Muslim Religiosity Personality Inventory (MRPI) and Beck Anxiety Inventory (BAI)

	MRPI		
	Islamic Worldview Total	Religious Personality Total	MRPI Total
BAI			
Pearson correlation	$r = -.239$	$r = -.237$	$r = -.287$
Significance (two-tailed)	$p = .068$	$p = .070$	$p = .027$

Demographic Variables with Islamic Religiosity

i) Education and religiosity

Higher Islamic knowledge was found to be significant with higher educated patients (F=2.553, p=.025). Means plot indicate that the higher the patients' level of education, the higher they scored in the Islamic Worldview subscale.

ii) Age and religiosity

Significance (p<0.05) were found in the relationship of age groups with Islamic religiosity scores; Islamic Practice subscale (F= 4.170, p= .005), Islamic Knowledge subscale (F=3.019, p= .026), and Islamic Religiosity scores (F=6.493, p= .000). Means plot comparing the means of the scores with age groups revealed that the higher the age group, the higher they scored in both the subscales of the Muslim Religiosity Personality Inventory.

iii) Marital status and religiosity

Results revealed a significant difference between groups of marital status (p<0.05) in the Islamic practice subscale (F=4.627, p=.014) and the Islamic religiosity scores (F=5.201, p=.009). Means plot comparing the means revealed higher scores are obtained by widowed and married patients, compared to single patients.

iv) Cancer stage and survival time with religiosity

No significance was found between Islamic religiosity with cancer stage and length of time since diagnosis.

Interview Results

Ten patients were interviewed regarding their spiritual experiences after their diagnosis. All of the patients interviewed were at ease in expressing their experiences and feelings although a few were at first a bit reluctant in taking part in the research. However, they showed excellent cooperation when the researcher indulged on the topic of their spiritual journey after they knew they had cancer.

Several themes emerged from the interview. They are as below:

i) Whole Hearted Acceptance

Many patients talked about their acceptance with the illness that Allah has given them. Many stated they have accepted the calamity with total acceptance (*redha*). Some said in the beginning of the diagnosis, they felt sad and find difficulties in accepting the illness. The question of “Why me?” were also raised. However, they said that a few days later they felt calmer when the concept of *redha* sinked in and they were able to accept the illness as a trial from God.

A participant told of her experience losing her child and finding out about her illness:

“When the doctor told me I had cancer, I think I was okay with it. It was not hard for me to accept it because after the death of my son (a year ago), I felt that nothing in this world belonged to us, including our own body” (Participant 7)

ii) Feeling blessed and thankful

Several respondents expressed their thankfulness to Allah for giving them time to relook at their mistakes and improve themselves through religious means. A few patients noted they felt happier to be given a long medical leave as they have more time to dedicate time for worship. Another patient said she felt the cancer diagnosis increased her self-consciousness and made her to become closer to Allah.

A participant expressed her gratitude by comparing herself with patients in worse condition than her:

“When I compare myself with other patients with bad side-effects of chemotherapy, I felt more thankful, more accepting of my illness. I thank Allah for not putting me in an accident where the pain may be more and the disability is more” (Participant 1)

iii) Increased connection with Allah

Patients also stated they have made increased efforts to learn Islam after their diagnosis. As Allah encourages His servants to read, learn, and apply the teachings of

the Qur'an as to get closer to Allah, the patients noted that as they get closer to Allah, their hearts will be calm, their bodies are relaxed thus their stress reduced.

A patient noted of his experience:

“I was so confused and scared over what to do when the doctor told me I had cancer. I prayed in the nights alone, crying and asking for His help. He granted me with peace and calmness after that. I felt so blessed” (Participant 7)

iv) Belief in reciting Quran for peace and relief

Muslims are encouraged to consistently recite and memorize the verses from the Qur'an and prayers that the Prophet taught in their effort to heal their illness.

In the Quran, Allah said, “We send down (stage by stage) of the Qur'an that which is a healing and mercy to those who believe: to the unjust it causes nothing but loss after loss.” (The Holy Quran, Al-Isra': 82).

A patient expressed the healing magic of the Holy Quran:

“One day I could not sleep because of the pain. I was feeling worried, and stressed. After reciting the as-shifa” verses from the Qur'an, I felt calmer, the pain disappeared and I could sleep well” (Participant 9)

DISCUSSION

In this study, the significant correlation found between depression and anxiety with Islamic religiosity indicated the association between mental health and Islamic religiosity among cancer patients.

The significant negative correlation in the Islamic practice subscale with depression may indicate that Muslim cancer patient who manifests his beliefs through righteous works may have a greater tendency to have low depression levels. Righteous work or Islamic practice measured in the Muslim Religiosity Personality Inventory include having a spirit of volunteerism to benefit others, having a strong commitment to study Islam to benefit self and others and spending money on unfortunate people. Thus it could be that the Muslim patient who is able to control his wants and needs to benefit other people also has the tendency to be able to control his emotions whenever he is faced with a difficulty or calamity, thus buffering himself against depression.

The results also signified that Islamic knowledge is significantly associated with higher educated patients than lower educated patients, signifying higher belief and conviction with Islamic teachings among educated patients. This could probably be due to more opportunities to study about Islam (in school or university) which leads to more opportunities to understand and reflect on the Islamic teachings compared to lower educated patients. This is however inconsistent with previous findings on Iranian cancer patients which found that patients with primary education found prayers as more impactful than patients with other education level (Rezaei et al. 2008). In the present study however, education was not found to be significantly associated with the Islamic practice subscale.

The present study also found Islamic religiosity and both its subscales of knowledge and practice to be significantly associated with the age of the patients. The older they were, the higher their Islamic religiosity scores. This could be due to their maturity, numerous life experiences they have encountered and longer time and opportunities for them to learn about Islam than younger patients.

Interview results revealed themes which could further be categorized into the following groups of:

- i) Islamic religiosity being a protective effect against depression and anxiety and
- ii) Islamic religiosity being a therapeutic effect against depression and anxiety.

The themes ‘Whole-hearted acceptance’ and ‘Feeling blessed and thankful’ were grouped within the ‘protective’ group because analysis pointed out that the patients had already intact conviction within themselves even before the illness that whatever is inflicted upon them whether hardship or challenges in life are just some trials they had to go through as part of their journey to an everlasting world.

On the other hand, the themes ‘Increased connection with Allah’ and ‘Belief in Quran for peace and relief’ were found to emerge only after the patients found out about their illness. Interviews about their spiritual journeys revealed their closer connection with Allah after realizations that they may not live a long life and reflections upon their past lives.

As Muslims believe that sickness is expiation for sins, they make efforts to improve their worship and daily conducts with the goal to get Allah’s pleasure. Abu Huraira narrated that the Prophet said, “If Allah wants to do good to somebody, He afflicts him with trials” (Hadith Sahih Al- Bukhari, Khan 1979).

This is furthermore emphasized when Allah said in the Qur’an, “Be sure We shall test you with something of fear and hunger, some loss in goods, lives and the fruits (of your toil), but give glad tidings to those who patiently persevere. Who say when afflicted with calamity, ‘To Allah we belong, and to Him is our return’” (The Holy Quran, Al-Baqarah: 155-156).

CONCLUSION

This study provides an insight into Islamic religiosity. It is an effort to fill in the gap in the religion-health literature which are conducted primarily in the populations of US Christians predominant or another.

The quantitative results were consistent with previous studies that religiosity has significant negative correlation with depression and anxiety. The study indicated that the Muslim patients differ in their beliefs and manifestations of the beliefs according to different age groups, education level and marital status and that Islam is comprehensive in a person when it comprises both Islamic beliefs and manifestation of the beliefs in their daily lives. The present study also indicated that patients with

higher manifestation of Islamic beliefs have lower tendency to be depressed.

Qualitative results revealed that for Muslim patients, the religion and mental health relationship is not just protective in nature, but that it can also be therapeutic. In the interviews, participating patients communicated about their spiritual journey with cancer, about how some of them started to increase their connection with the Creator, Allah and reading the holy book, Quran, and they noticed feeling calmness and peace. Getting close to Allah and accepting whatever Allah has willed is believed to be therapeutic for the health of the participating Muslims.

The author recommends caretakers and health practitioners to talk about meaning of life, reflection about their lives and relationship with the Creator with cancer patients. It could be the only meaningful thing they need at a moment when everything and everyone else could be of no help to them. They need God.

REFERENCES

- Ahmad, F., Muhammad, M., & Abdullah, A.A. (2010). Religion and Spirituality in Coping with Advanced Breast Cancer: Perspectives from Malaysian Muslim Women. *Journal of Religious Health*.
- Beck, A.T., & Steer, R.A. (1993). *Beck Anxiety Inventory Manual*. San Antonio: The Psychological Corporation.
- Beck, A.T., Steer, R.A., Brown, G.K. (1996). *Beck Depression Inventory- Second Edition- Manual*. San Antonio: The Psychological Corporation.
- Boeving, C.A. (2000). *Adjustment to Childhood Chronic Illness: Prediction of Psychological Adjustment with an Investigation into Spiritual Coping*. Master Thesis. Virginia: Faculty of the Virginia Polytechnic Institute and State University.
- Cunningham, A.J. (2005). Integrating Spirituality Into a Group Psychological Therapy Program for Cancer Patients. *Integrative Cancer Therapies*, 4(2): 178-186
- Krauss, S.E., Hamzah, A.H., Suandi, T., Noah, S., Juhari, R., Manap, J.H., Mastor, K.A., Kassan, H., & Mahmood, A. (2006). Exploring Regional Differences in Religiosity Among Muslim Youth in Malaysia. *Review of Religious Research*, 47 (3): 238-252.
- Levin, J. Religion and Mental Health: Theory and Research. (2010). *International Journal of Applied Psychoanalytic Studies*, 7 (2): 102-115
- Levine, E.G., Yoo, G., Aviv, C., Ewing, C., & Au, A. (2007). Ethnicity and Spirituality in Breast Cancer Survivors. *Journal of Cancer Survivors* 1: 212-225
- Lue, B.H., Huang, T.S., & Chen, H.J. (2008). Physical Distress, Emotional Status, and Quality of Life in Patients with Nasopharyngeal Cancer Complicated by Post-radiotherapy Endocrinopathy. *International Journal of Radiation Oncology, Biology, Physics*, 70 (1): 28-34

- Mc Coubrie, R. C. & Davies, A. N. (2006). Is there a Correlation Between Spirituality and Anxiety and Depression in Patients with Advanced Cancer? *Support Care Cancer*, 14: 379-385.
- Meraviglia, M.G., R.N., M.S.N., & C.N.S. (1999). Critical Analysis of Spirituality and Its Empirical Indicators: Prayer and Meaning in Life. *Journal of Holistic Nursing*, 17(1): 18-33
- Mukhtar, F., & Oei, T.P.S. (2007). Exploratory and confirmatory factor validation and psychometric properties of the Beck Depression Inventory for Malays (BDI-Malay) in Malaysia. *Malaysian Journal of Psychiatry*, 16: 1
- Mukhtar, F., & Zulkefly, N. (2011). The Beck Anxiety Inventory for Malays (BAI-Malay): A Preliminary Study on Psychomotor Properties. *Malaysian Journal of Medicine and Health Sciences*, 7(1): 75-81
- Mystakidou, K., Tsilika, E., Parpa, E., Smyrnioti, M., & Vlahos, L. (2007). Assessing Spirituality and Religiousness in Advanced Cancer Patients. *American Journal of Hospice and Palliative Medicine*, 23 (6): 457- 463
- Petkova, M., Nikolov, V., Galabova, M., & Petrova, B. (2010). Psychological Assessment of Cancer Patients with Chronic Pain. *Procedia- Social and Behavioral Sciences*, 5: 421-425
- Rezaei, M., Adib- Hajbaghery, M., Seyedfatemi, N., & Hoseini, F. (2008). Prayer in Iranian Cancer Patients Undergoing Chemotherapy. *Complementary Therapies in Clinical Practice*, 14: 90-97
- Rippentrop, A.E. Altmaier, E.M. & Burns, C.P. (2006). The Relationship of Religiosity and Spirituality to Quality of Life among Cancer Patients. *Journal of Clinical Psychology in Medical Settings*, 13 (1): 31-37.
- Roman Transliteration of The Holy Qur'an.* (1934). English Translation by Abdullah, Y.A. Lebanon: Dar Al Furqan.
- The Translation of the Meanings of Sahih Al-Bukhari (Arabic-English)*, Vol. VII. (1979). Translated by Muhammad, M.K. Chicago: Kazi Publications.
- Yanez, B., Edmondson, D., Stanton, A.L., Park, C.L., Kwan, L., Ganz, P.A., & Blank, T.O. (2008). Facets of Spirituality as Predictors of Adjustment to Cancer: Relative Contributions of Having Faith and Finding Meaning. *Journal of Consulting and Clinical Psychology*, 77(4): 730-7