Spiritual Growth and Decline Among Patients With Cancer

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Purpose/Objectives: To investigate spiritual transformation among patients with cancer.

Design: Longitudinal.

Setting: A university medical center in the midwestern United States.

Sample: 47 adult cancer survivors.

Methods: Patients were asked about spirituality, religious and spiritual importance, religious coping, and spiritual gain and decline at baseline as well as nine months post-treatment.

Main Research Variables: Religious importance, religious coping, and spiritual gain or decline.

Findings: Positive religious coping at baseline predicted spiritual growth at the nine-month follow-up point. Spiritual decline was predicted by negative religious importance. A bivariate relationship existed between increased levels of negative religious coping and increased spiritual growth.

Conclusions: Positive religious coping strategies may influence spiritual transformation.

Implications for Nursing: Healthcare providers who support a strengths-based perspective on human functioning may be equipped to perform research on spiritual or religious interventions for patients with cancer.

Knowledge Translation: Greater use of spiritual resources, even if conceptualized as negative religious coping mechanisms or initial spiritual decline, may contribute to increased levels of spiritual growth later. When acting as expert companions, healthcare providers may facilitate spiritual growth by addressing spiritual transformation, creating safe environments for exploring spirituality, becoming familiar with different religious faiths, and seeking appropriate consultation and referrals for patients.

Calhoun and Tedeschi (2006) defined trauma as an event that can "significantly challenge or invalidate important components of the individual's assumptive world" (p. 3). Cancer can be conceptualized as a series of traumatic events, including diagnosis, the physical and emotional stressors of treatment, and the uncertainty of long-term outcomes (Cordova, 2008). A growing body of literature documents significant psychological impairment among cancer survivors that includes depression, anxiety, impaired occupational functioning, and disrupted interpersonal relationships (Documet, Trauth, Key, Flatt, & Jernigan, 2012; Howren, Christensen, Karnell, & Funk, 2013; Kangas, Henry, & Bryant, 2002).

Religious faith is a common coping resource that can play an important role in how patients conceptualize, manage, and resolve trauma (Balboni et al., 2007; Pargament, Desai, & McConnell, 2006). Tix and Frazier (1998) defined religious coping as "the use of cognitive and behavioral techniques, in the face of stressful life events, that arise out of one's religion or spirituality" (p. 411). Individuals use positive (e.g., seeking spiritual support) and negative (e.g., religious struggle, doubt) religious coping strategies to manage traumatic or challenging life events (Lavery & O'Hea, 2010; Sherman & Simonton, 2001).

Mahoney, Krumrei, and Pargament (2006) believe that trauma can provoke changes in spirituality, religious beliefs, and religious practices. Spiritual transformation can be defined as religious or spiritual change that includes three facets (i.e., a cause or trigger event, the nature and characteristics of the transformation, and the religious and nonreligious consequences of the change) (Smith, 2006). The National Spiritual Transformation Study (Davis, Smith, & Marsden, 2005; Smith, 2006) found that among 1,328 adults interviewed, half (n = 664) reported having a religious or spiritual transformation at some point. A serious illness or accident was the primary impetus to the participants' experiences.

A diagnosis or recurrence of cancer may prompt a reassessment of spiritual values (Feher & Maly, 1999; Ironson & Kremer, 2009; Mulkins & Verhoef, 2004). Researchers have discussed changing value systems during the cancer experience (Andrykowski & Hunt, 1993). As individuals adjust to a diagnosis of cancer, they ascribe meaning to the threat of death as a way