

Use of Religious Coping in Chilean Patients with Cancer

Uso del afrontamiento religioso en pacientes chilenos con cáncer

Dear Editor:

Globally, cancer is a chronic non-communicable disease associated with high morbidity and mortality burdens. The prevalence of cancer is increasing rapidly worldwide. However, this scenario will be worse in low and middle-income countries such as Chile, where 70% of cancer deaths occur¹. According to the statistics of 2022, number of new cancer cases was 59,876 and number of cancer deaths was 31,440 in Chile. Top three leading cancers were prostate, colorectum, and breast². Therefore, cancer is a public health priority in Chile. Cope is to deal with and attempt to overcome problems and difficulties. Religious coping, specifically turning to God, is a means of seeking comfort, support, and/or guidance from a divine being either within the domain of an organized religion, or on a more informal path through one's own spirituality. Herein, we discussed use of religious coping in Chilean patients with cancer to attract attention to the importance of religion and religious coping.

Religion is a system of meaning embodied in a pattern of life, a community of faith, and a worldview that articulate a view of the sacred and of what ultimately matters. Religion is the very life of life, its light and its basis³. Spirituality is referred to as a religious process of re-formation that "aims to recover the original shape of man", oriented at "the image of God" as exemplified by the founders and sacred texts of the religions of the world. Spirituality is a part of religion that is more comprehensive than spirituality.

Chile is a historically Catholic country. At present, the majority of Chileans self-identify as Roman Catholic. Furthermore, 70% of Chileans self-identify as being "highly religious," meaning that religion plays a significant role in their lives⁴. Many studies have been reported about use of religious coping in cancer patients and parents of children with cancer in United States and Western and Middle East countries; however, there are scarce studies about religious coping styles of Chilean patients with cancer in the literature. Delgado-Guay, et al.⁵ reported that spirituality and religiosity were frequent, intense, and rarely addressed among Latin American patients with cancer in Chile, Guatemala, and the United States. Spirituality/religiosity was associated with positive brief-coping strategies and higher quality of life. Spiritual pain was also frequent and associated with physical and psychosocial distress. These patients need increased spiritual/religious support⁵. In the series of Choumanova, et al.⁶ women viewed religion and spirituality as primary resources for themselves and others to use in coping with breast cancer. Women's use of religion and spirituality was manifested in praying, in their perceived dependence on Allah to intercede and guide them through their illness, and in obtaining social support from other persons in their faith community. Half of the women reported that their cancer prompted an increased emphasis on religion and spirituality in their lives by deepening their faith in Allah. Almost all participants endorsed the belief that spiritual faith can help cancer patients to recuperate⁶.

In conclusion, we would like to emphasize that religion plays an important role in life in most societies around the world, including Chileans. Second, religious coping has been frequently used by patients with chronic diseases such as cancer in many cultures for physical, mental and psychospiritual benefits. Lastly, we recommend that comprehensive studies be conducted on the religious coping styles of pediatric and adult cancer patients and their parents in Chile. These studies will fill the gap in the literature and benefit cancer patients and their families in clinical practice and guide healthcare professionals.

CARTAL EDITOR / LETTER TO THE EDITOR

Use of Religious Coping in Chilean Patients with Cancer - H. Çaksen.

Hüseyin Çaksen^{1,*}.

ORCID : <https://orcid.org/0000-0002-8992-4386>

¹Divisions of Pediatric Neurology and Genetics and Behavioral-Developmental Pediatrics, Department of Pediatrics, Faculty of Medicine, Necmettin Erbakan University, Meram, Konya, Türkiye.

*Corresponding author: Prof. Hüseyin Çaksen *MD, PhD / huseyincaksen@hotmail.com
Divisions of Pediatric Neurology and Genetics
and Behavioral-Developmental Pediatrics,
Department of Pediatrics, Faculty of Medicine
Necmettin Erbakan University, 42090 Meram, Konya, Türkiye.

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