

Religious/Spiritual Coping among Young Adults with Cancer



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Background

- **Clinical observation from a pastor: “young adults struggle the most”**
- **Among adults:**
 - Religion and spirituality are important in navigating the cancer experience
 - 70% of patients want to discuss religion and spirituality with their physicians and nurses
 - **Religious/Spiritual (R/S) coping:**
 - Positive R/S coping: a resource
 - R/S struggle:
 - Common
 - Associated with adverse physical, social, spiritual, emotional, outcomes including **post-traumatic stress, fear of recurrence**
 - **Anger towards God is associated with poorer adjustment to cancer**

Pargament KI, et al. In Judeo-Christian perspectives on psychology: human nature, motivation, and change (2005) APA Press; Park CL et al. (2017) Psycho-Oncology

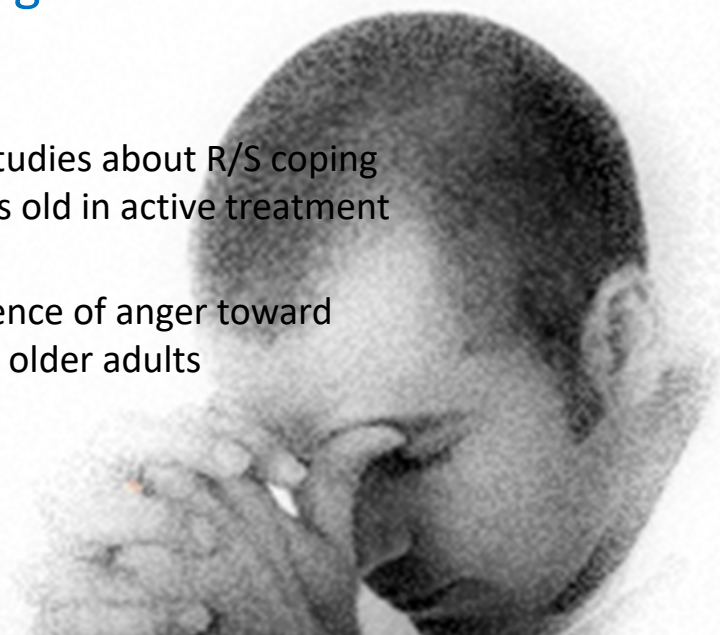
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Background

Among AYAs with cancer:

- No previous quantitative studies about R/S coping in young adults 18-39 years old in active treatment for cancer
- Suggestion of higher incidence of anger toward God in young compared to older adults

Pargament KI, et al. In Judeo-Christian perspectives on psychology: human nature, motivation, and change (2005) APA Press; Park CL et al. (2017) Psycho-Oncology

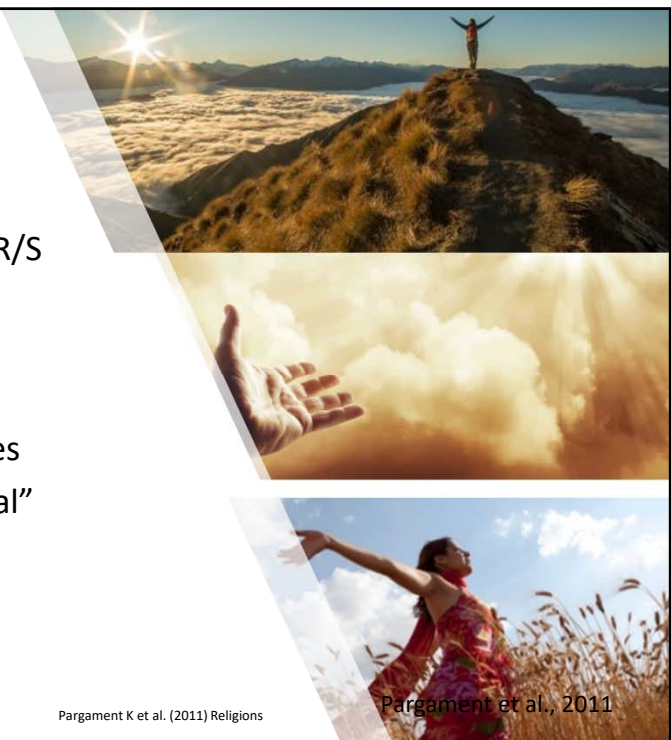


R/S Coping Measures: The Brief RCOPE

- 14-item “gold standard” measure of R/S coping with major life stressors
- Predominantly used in adults; also healthy YA college students
- Positive and negative coping subscales
- Scored 0 “not at all,” to 3 “a great deal”

Pargament K et al. (2011) Religions

Pargament et al., 2011

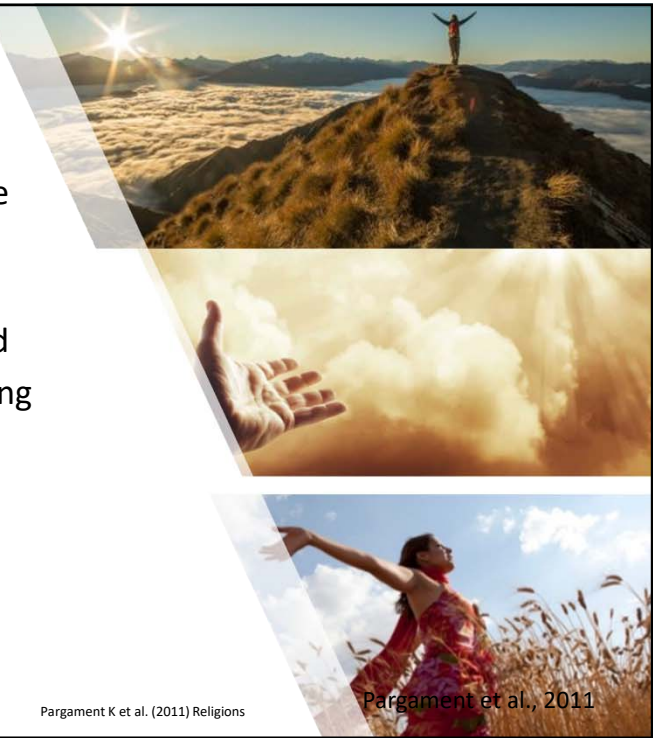


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Positive R-COPE subscale:

- Measures secure relationships with the Divine
 - Sense of connectedness
 - Secure relationship with the Sacred
 - Sense that life has a greater meaning

→ Among adults with cancer:
an important and positive emotional
resource



Pargament K et al. (2011) Religions

Pargament et al., 2011

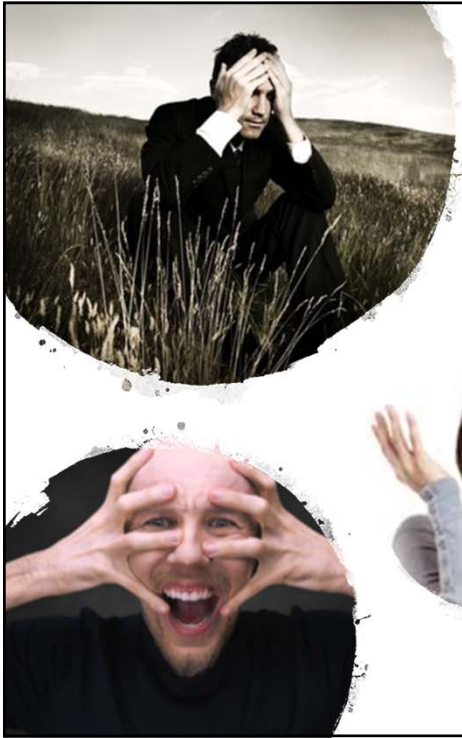
Negative R-COPE Subscale

- Measures tensions and struggle with the Divine
 - Within oneself: feeling unloved or **abandoned by God/Higher Power**
 - Interpersonal: feeling abandoned by one's R/S community
- Robust predictor of health-related outcomes
- Any degree of response predicts adverse physical, social, spiritual, and emotional outcomes among adults with cancer



Pargament K et al. (2011) Religions.
Sherman et al. (2009)

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Religious and Spiritual Struggles Scale (RSS)

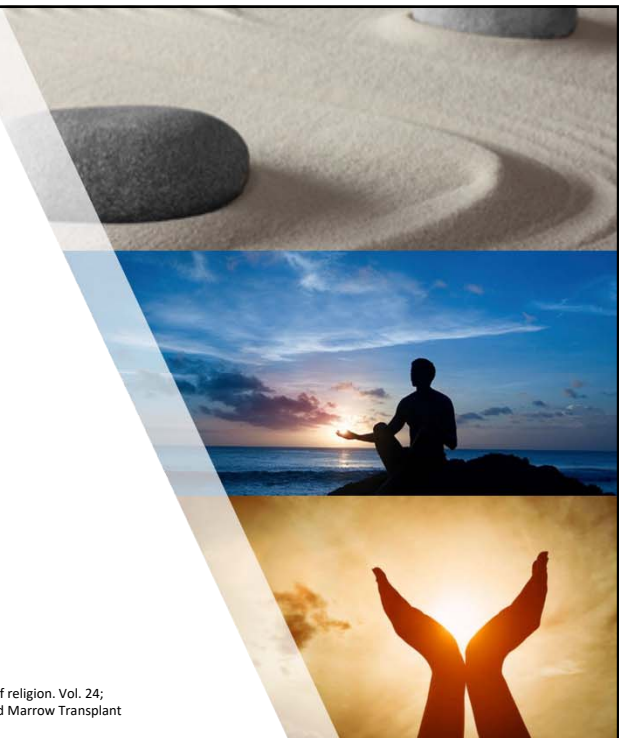
- Newer
- More spiritually inclusive; less theistically oriented
- 26-items in 6 domains: divine, demonic, interpersonal, moral, ultimate meaning, and doubts
- 5-point Likert scale

Exline JJ et al et al. (2014) Psychol Relig Spiritual.

Religion and Spirituality (R/S) among AYAs

- U.S. AYAs reported to be less religious than older adults, but equally spiritual:
 - “Experiencing a deep sense of wonder,
 - Thinking about the meaning of life,
 - Feeling gratitude”
- AYAs facing physical and mental health struggles describe religion/spirituality as important in coping with illness

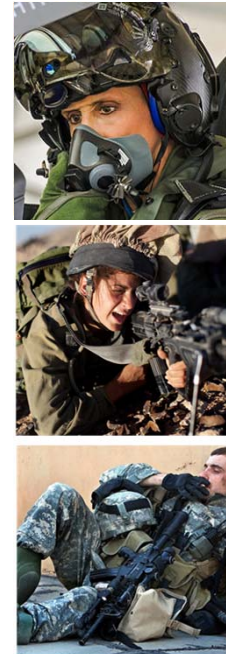
Cotton S et al. (2009) J Pediatr Hematol Oncol; Cotton S et al. (2013) Research in the social scientific study of religion. Vol. 24; Phillips III RE et al. (2007) J Clin Psychol; Smith AW et al. (2013) Front Oncol; Ragsdale et al. (2014) Biol Blood Marrow Transplant



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R/S coping in other populations: military veterans

- Among veterans with combat exposure (mean age 36), those with R/S struggle had:
 - More post traumatic stress symptoms
 - Higher risk of suicide (after controlling for other variables)



Mental health among AYAs with cancer

- Moderate to severe **post-traumatic stress symptoms in 44%** one year after diagnosis
- Compared to healthy peers, increased risk for:
 - **Lower QoL**
 - **Depression requiring hospitalization**
 - Elevated risk persists for years
 - **Suicide**
 - Attempted (HR=4.0)
 - Completed (HR=2.6)
- 40% endorse **unmet needs** for mental health and support group services
- Could R/S struggle contribute to psychosocial outcomes?



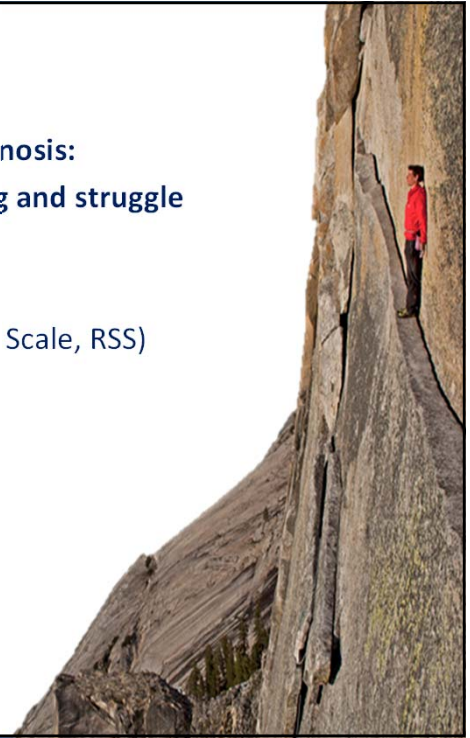
Soliman H and Agresta SV (2008) Cancer Control; Kwak M et al. (2013) Psychooncology; Recklitis CJ et al. (2010) J Clin Oncol; Park EL et al 2015. www.dialogues-cns.org; Gunnes MW et al. (2016) Int J Cancer. Wu XC et al. (2015) AACR; Quinn GP et al (2015) Patient Relat Outcome Meas.

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Purpose

Among YAs during the first two months after cancer diagnosis:

- Describe the prevalence and nature of R/S coping and struggle
- Describe the associations between:
 - R/S coping (Brief R-COPE)
 - R/S struggle (Religious and Spiritual Struggles Scale, RSS)
 - These variables and:
 - depression
 - quality of life
 - demographic characteristics



Eligibility

- 15-39 years of age
- Diagnosed with cancer of any type 2 to 8 weeks prior to study enrollment
- Expected to remain on treatment for at least 12 weeks following study enrollment
- Able to speak, read, and write English to complete study measures
- Physical and cognitive capacities to complete measures

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Setting

- Participants recruited from the Pacific Northwest:
 - 10 community-based clinics providing care to adults with cancer
 - 1 community pediatric hospital-based clinic providing care to adolescents with cancer

Questionnaires

- Administered using REDCap survey
- 2-8 weeks after diagnosis
- Completed by participants on personal mobile device or computer via an emailed link
- Estimated time for completion <30 minutes

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Self-report measures

- R/S Coping (**Brief R-COPE**)
- R/S Struggle (**RSS, Religious and Spiritual Struggles Scale RSS**)
- Depression (**PHQ-8, Personal Health Questionnaire Depression Scale**)
- Quality of life (**MQOL, McGill Quality of Life Questionnaire**)
- Spiritual/religious identification and practices (**investigator developed questions, 2 questions from Duke University Religion Index (DUREL)**)
- Intensity of treatment experience (**investigator developed questions**)
- Demographic characteristics (age, ethnicity, race, gender, education, occupational status, marital status, parental status, cancer diagnosis)



Participants

- 49 enrolled
 - 4 excluded: did not complete questionnaires
 - 1 participant <18 years: excluded to create homogenous sample of YAs
- **Final N=44 respondents aged 18-39 years**
 - Mean age 32.1 ± 5.9 years
 - 57% female
 - 68% Caucasian
 - 45% College graduates or held advanced degrees
 - 54% Employed part- or full-time
 - Breast cancer (43%), Lymphoma (34%)

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R/S Practices of participants

- 64% Christian
- 82% ($n=36$) identified as religious ($n=4$), spiritual ($n=10$), or both ($n=22$)
- 29% attended church at least a few times/month,
- 61% spent time in private religious/spiritual practice at least a few times/month



Results

- **Positive R/S coping: 89 %**
 - Did not correlate with QoL or depression
- **Negative R/S coping (struggle): 64%**
 - **Correlated with:**
 - Presence of depression
 - Inferior QoL

More Struggle in females and participants in committed relationships

	Full Sample (N=44)		Brief RCOPE Struggle				p-value
	Mean	SD	No (n=16)		Yes (n=28)		
Age	32.1	5.9	31.8	6	32.3	5.9	0.76
	N	%	N	%	N	%	p-value
Female	25	56.8%	5	31.3%	20	71.4%	0.02
Caucasian	30	68.2%	12	75.0%	18	64.3%	0.69
College/Advanced degree	20	45.5%	7	43.8%	13	46.4%	1
Employed part/full time	24	54.5%	9	56.3%	15	53.6%	1
In committed relationship	32	72.7%	9	56.3%	23	82.1%	0.09
Parent	28	63.6%	10	62.5%	18	64.3%	1
Diagnosis							
Breast	19	43.2%	4	25.0%	15	53.6%	0.16
Lymphoma	15	34.1%	8	50.0%	7	25.0%	
Other	10	22.7%	4	25.0%	6	21.4%	
Religious/Spiritual Identification							
Religious but not spiritual	4	9.1%	1	6.3%	3	10.7%	0.67
Spiritual but not religious	10	22.7%	4	25.0%	6	21.4%	
Both spiritual and religious	22	50.0%	7	43.8%	15	53.6%	
Neither spiritual nor religious	7	15.9%	4	25.0%	3	10.7%	
Christian affiliation	28	63.6%	9	56.3%	19	67.9%	0.66
Attends church at least a few times per month	13	29.5%	4	25.0%	9	32.1%	0.73
Prays at least a few times per month	27	61.4%	10	62.5%	17	60.7%	1

Positive correlation between RCOPE Struggle and RSS

	Full Sample (N=44)		Brief RCOPE Struggle				p-value
	Mean	SD	No (n=16)		Yes (n=28)		
Brief RCOPE Positive Religious Coping	11.8	7.2	9.5	7.7	13.1	6.7	0.13
RSS Total	1.4	0.36	1.2	0.23	1.5	0.39	0.004
PHQ-8	6.6	4.6	5.6	4	7.2	5	0.27
MQOL Total	6.7	1.6	7.1	1.7	6.4	1.5	0.16

RSS: Religious and Spiritual Struggles Scale
 PHQ-8: Patient Health Questionnaire 8
 MQOL: McGill Quality of Life questionnaire

...despite focusing on different types of R/S distress

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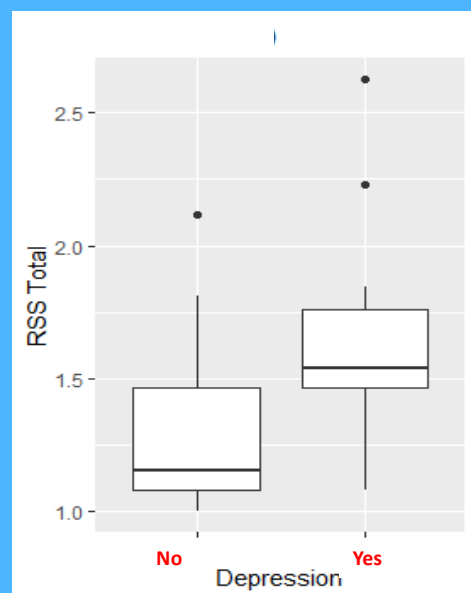
Females reported significantly higher R/S Struggle, more depression, inferior QoL

	Female (N=25)		Male (N=19)		p-value
	Mean	SD	Mean	SD	
RSS	1.5	0.4	1.2	0.2	0.03
PHQ-8	8.6	4.5	4.1	3	< 0.001
MQOL Total	6.1	1.4	7.4	1.6	0.005
	N	%	N	%	p-value
Depression	11	44.0%	1	5.3%	0.006

RSS: Religious and Spiritual Struggles Scale
 PHQ-8: Patient Health Questionnaire 8
 MQOL: McGill Quality of Life questionnaire

92% with depression were female

Respondents with depression had significantly higher R/S struggle ($p=0.007$)



Results by Diagnosis

Female vs. male

	Women		Men	
	n	%	n	%
Brain tumor	0	--	2	10%
Leukemia	0	--	2	10%
Lymphoma	5	20%	10	50%
Breast	19	76%	0	-
Testicular	0	--	3	15%
Cervical	1	4%	0	--
Colon	0	--	3	15%
Total	25	100%	20	100%

Of patients with R/S Struggle:
71% were female
>50% were females with breast cancer

Not depressed vs. depressed

	Not Depressed		Depressed	
	n	%	n	%
Brain tumor	2	6%	0	--
Leukemia	2	6%	0	--
Lymphoma	12	36%	3	25%
Breast	12	36%	7	58%
Testicular	3	9%	0	--
Cervical	0	--	1	8%
Colon	2	6%	1	8%
Total	33	100%	12	100%

No R/S struggle vs. struggle

	No Struggle		Struggle	
	n	%	n	%
Brain tumor	1	6%	1	4%
Leukemia	2	12%	0	--
Lymphoma	8	47%	6	23%
Breast	4	24%	14	54%
Testicular	1	6%	2	8%
Cervical	0	--	1	4%
Colon	1	6%	2	8%
Total	17	100%	26	100%

Limitations

- **Design**
 - Cross-sectional design
 - Variable initial time point (2 to 8 weeks after diagnosis)
- **Setting and Sample**
 - Small sample size
 - Geographic region noted for low religious identification
 - Sample homogeneity (Caucasian, female, educated, breast cancer)
 - High proportion of young women with breast cancer (43% of sample)
 - Worse HRQoL among young women recently diagnosed with breast cancer (vs. young women with other cancers)
 - Depression rates >2x higher among young women than young men

Li J et al. (2016) Int J Cancer; Albert PR (2015) J Psychiatry Neurosc

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Conclusions

- **Among YAs with cancer:**
 - More than half experience R/S struggle
 - Female>Male
 - **Any degree of R/S struggle was associated with depression, decreased QoL**



Conclusions

- **High frequency of R/S struggle validates need for pastoral care in the AYA multidisciplinary care team**
- How to determine who is struggling?
 - **Systematic use of screening tools?**
 - R/S struggle is not picked up by standard tools;
 - Only 25% of adults endorse distress on NCCN thermometer
 - **Or is a conversation with clinician preferable?**
 - Adults who *ask* for consults tend to have low struggle (low need for support) and high spiritual needs
 - Should this topic be raised proactively with young adults?

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Next Steps

- **Clinicians should:**
 - Recognize the high frequency of R/S struggle in AYAs
 - Normalize the experience when talking to patients
 - Make appropriate referrals
- **Develop and test a clinical screening tool for R/S struggle**
 - Brief, acceptable, sensitive/specific
 - Clinically relevant cut score
- **Explore covariates:** Is there a phenotype of YA females with breast cancer at highest risk for depression and R/S struggle?



Thank you

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