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## “Leaving it to God”: Religion, Spirituality and Filipina American Breast Cancer Survivors

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### Introduction

The 2010 U.S. Census Bureau reported that 3.4 million Filipinos live in the United States (U.S. Census Bureau, 2010). Fifty two percent are foreign-born and 31.4% immigrated in the last decade (U.S. Census Bureau, 2010). In a five-year span, over 392,000 Filipinos became permanent residents of the United States with an estimated range of 54,000-74,000 receiving permanent residency each year between 2005-2010 (U.S. Department of Homeland Security, 2012). The vast majority come to the United States and stay in order to flee political turmoil, seek better economic and employment opportunities, and/or reunite with family members. Of the various Asian American groups, Filipino Americans are one of the fastest growing subgroups (Priest & Nieves, 2006). Because of the steady flow of Filipino immigration to the United States, the group now ranks as the second largest Asian group in the U.S. after Chinese (U.S. Census Bureau, 2010). In California, the Filipino American population is also the second largest Asian American sub-group with the majority of the population living in Los Angeles and the San Francisco Bay Area counties (U.S. Census, 2010). Despite these numbers, Filipino Americans remain a remarkably understudied and overlooked group both in U.S. culture and in academic research, particularly with respect to women’s health issues.

Breast cancer is the leading cause of death for Filipina Americans (Ho, Muraoka, Cuaresma, Guerrero, & Agbayani, 2010). Despite the high rates of breast cancer for Filipina Americans, there is currently a lack of research on this topic. Burke et al. (2011) described how Filipina immigrants in the U.S. who had been diagnosed with breast cancer and completed treatment differed in the meaning of cancer survivorship for them when compared to those in the dominant (White) population. For many of these respondents, survivorship was normalized because they viewed cancer as just one of the many life challenges that they had to face as immigrants. Women in the study were also caregivers, and they usually found themselves in caregiving roles both at work and at home. Despite their cancer diagnosis and treatment, they stayed committed to these roles even when they lacked support from others. To date, there are few studies that have assessed Filipina

Americans' experiences with breast cancer in greater depth. This exploratory study aimed to fill this gap by examining the meaning of spirituality and religion among Filipina Americans facing a breast cancer diagnosis.

## Filipinos and Catholicism

Although there is a diversity of religions in the Philippines, Roman Catholicism is still the dominant religion practiced by 85% of the population (Jacoby, 2002). Among all Asian countries, the Philippines is the only country with a predominantly Catholic population (Goh & Studies, I. of S.A., 2005). As a result of four centuries of Spanish Catholic colonial rule, the Catholic faith has become a part of the Filipino culture (David & Okazaki, 2006). For many Filipinos and Filipino Americans, Catholic practices and ethnic identity are intricately interwoven into cultural meanings of identity, family, and community (Nadal, 2009). This powerful alignment of religious and cultural practices has carried over to America where most Filipino immigrants remain Catholic (Burgonio-Watson, 1997).

For hundreds of years, Filipino Catholics have drawn strength from a wide variety of Catholic and Christian practices and attitudes to help them manage daily challenges and hardships. Based on Scripture and Church teachings, many Filipino Catholics dutifully attend mass and services so that they can incorporate virtues into their daily lives (Gonzalez, 2009). For the majority of Catholics, their religious faith encompasses a wealth of formal and informal options for seeking God's help, guidance, and miracles. Activities include everything from private prayers to public processions (Mulder, 1997). A connection to divine power may also be sought through amulets, pilgrimages, saints, and/or charismatic gatherings. Because many Filipino Americans are raised as Catholics, many turn to faith-based ways to manage life's challenges. This cultural disposition is so ingrained that official church-sanctioned activities are not necessarily essential for keeping a practice of Catholicism alive. For instance, it has become a tradition for many Filipino Americans to celebrate feast days of patron saints and Catholic holidays in a festive manner as a way to bring family and friends together.

Filipino Catholics also adhere to cultural values that influence the ways in which they perceive and interact with society. One frequent cultural expression of Filipinos is the saying "*bahala na*" as a way to normalize and cope with life challenges. Translated, it means "never mind what happens" but it is deeply connected to the notion of "it's in God's hands" or "leave it to God" (Dancel, 2005). The word *bahala* is believed to stem from the Tagalog word for God, *bathala* (Gripaldo, 2005). This phrase can be seen both as a positive way of letting go, and also as a fatalistic way of approaching the world (Tuason, 2002). The latter may reflect the resignation of a people long accustomed to a history of repeated colonization (Agbayani-Siewert & Revilla, 1995, Enriquez, 1992, & Sustento-Seneriches, 1997). This expression *bahala na* may also help explain the importance of religiosity and spirituality in the way many Filipinos approach decisions towards health and healing.

Another Filipino cultural value is that of reciprocity, or *utang na loob*. *Utang na loob* dictates that help and support are provided to an individual with the understanding that the individual will repay that debt in a reciprocal manner (Nadal, 2009). This involves more

than just reciprocity for Filipinos; but an indebtedness of good will (Dancel, 2005). *Utang na loob* is usually practiced towards benefactors, parents, and/or the supernatural as a way of showing one's loyalty, gratitude, and obligation when repaying the "debt" that is owed (Dancel, 2005). For instance, Filipino children usually feel indebtedness to their parents for giving them life and providing them with basic needs, thus they feel the need to take care of parents in their old age to show *utang na loob*. For many Filipino Catholics, a prayer answered from God, a patron saint, or the Virgin Mary will also yield *utang na loob*. Both *bahala na* and *utang na loob* express Filipino cultural values that are pertinent to care meanings and practices that have an important relationship to religion for Filipinos.

In addition, many Filipino Catholics also engage in traditional healing practices, which are connected to indigenous health practices and most likely intertwined with Catholicism, including visits to faith healers (who may or may not be Catholic) or attendances at healing masses offered by the Catholic Church (Castillo, 2002). According to Yarbrow, Wujcik, and Gobel (2010), Filipino immigrants in the U.S. tend to experience a sense of comfort when seeking the help of faith healers because they speak the same language, the healing methods are familiar, and their services are affordable. The American healthcare system, in comparison, is often complicated, inaccessible, expensive, and sometimes ineffective, especially when treatment is sought after a late diagnosis.

Upon immigrating to the United States, Filipino Americans retain many of their Catholic spiritual beliefs and practices (Gonzalez III, 2009). As immigrants, Filipino Americans have turned to spiritual resources for help to cope with the pain of being uprooted from the familiar warmth of home, and for help setting down new roots as an ethnic minority in a different country (Gonzalez III, 2009). Moreover, for some Filipino Americans, spirituality is a nurturing collective experience that includes family (both immediate and extended), the community, and the church (Gonzalez III, 2009). Such spirituality and faith have given many Filipinos the strength to build productive lives as immigrants in the U.S. and provide hope for a better life for themselves and their families.

Despite the prevalence of Catholicism in the lives of Filipino Americans, research on the influence of this group's religiosity and spirituality within a health context is extremely limited. Abe-Kim, Gong, and Takeuchi (2004) observe that an important component of Filipino culture is how religion is incorporated into help-seeking patterns of Filipino Americans facing health-related issues. In Abe-Kim et al.'s study, Filipino Americans expressed feeling less comfortable seeking support and coping strategies from mental health services due to language barriers and cultural face saving, and viewed church communities and religious clergy as more accessible and familiar help-seeking pathways for emotional distress, especially if they were already involved in church communities or activities (Abe-Kim, Gong, & Takeuchi, 2004). Filipinos with high levels of religiosity were nearly three times more likely to seek out religious clergy than other professionals when in emotional distress (Abe-Kim, Gong, & Takeuchi, 2004). Other research show that Filipino Americans' high level of religiosity impacts how they view health and illness and that Catholic churches are a trusted organization for support and health information (Chung et. al, 2005; Dela Cruz & Galang, 2008, Sanchez & Gaw, 2007).

Breast cancer is the leading cause of cancer death among Filipina American women in the United States (Centers for Disease Control and Prevention, & National Cancer Institute, 2007). To date, there are few studies that have examined the role of spirituality and religion in coping with cancer among Filipino/a Americans. However, over 300 published scientific studies have demonstrated the medical value of religious commitment (including worship attendance, prayer, scripture study, and active participation in a spiritual community) (Travado et. al, 2010). These benefits include enhanced ability to cope and manage mental illness, chronic illness, pain, and addictions (Büssing et. al, 2009; do Rozario, 1997; Kudel, Cotton, Szaflarski, Holmes, & Tsevat, 2011; Lucchetti, et. al, 2011; Magill, Tonigan, & Pagano 2011; McIntosh, Poulin, Silver, & Holman, 2011; Miller, Forcehimes, O'Leary, & LaNoue, 2008; Peterman, Fitchett, Hernandez, & Cella, 2002; Richman et. al, 2002; Rogers, Coleman, & Maloney, 2001).

Recent research has shown that a large number of women are incorporating spirituality as part of their breast cancer treatment (Levine, Aviv, Yoo, Ewing, & Au, 2009; Levine, Yoo, Aviv, Ewing, & Au, 2007). Spirituality has been defined as a felt connection with a non-mental, non-emotional, and non-physical aspect of being (Hiatt, 1986). It can be seen as comprising elements of meaning, purpose, and connection to a Higher Power or something greater than the self (Targ & Levine, 2002). Some have divided spirituality into two factors: intrinsic and extrinsic. Intrinsic spirituality refers to the sense of spirituality, originating from within the person (e.g., faith, hope, meaning, etc.), while extrinsic factors (sometimes called religiosity) are seen as located outside the person (e.g., church attendance, prayer circles, etc.; Donahue, 1985).

Spirituality and prayer have been long used to cope with illness and adversity in many different religious traditions (Targ & Levine, 2002). Thuné-Boyle, Stygall, Keshtgar, and Newman (2006) reviewed several studies on spirituality and religious coping. In their review, understanding the effectiveness of religious coping among racially/ethnically diverse individuals were needed areas of further investigation. Levine et al. (2009) examined the benefits of prayer in racially diverse breast cancer patients. They found that women who prayed found positive aspects in their experience with breast cancer (Levine, Aviv, Yoo, Ewing, & Au, 2009). An additional study by Levine et al., (2007) focused on the relationship between ethnicity and spirituality in 161 breast cancer survivors. They found seven themes that 83% of the women discussed in regards to their spirituality. These themes were identified as: (1) God as a Comforting Presence; (2) Questioning Faith; (3) Anger at God; (4) Spiritual Transformation of Self and Attitude Towards Others/Recognition of Own Mortality; (5) Deepening of Faith; (6) Acceptance; and (7) Prayer by Self (Levine, Yoo, Aviv, Ewing, & Au, 2007). Differences were found within these themes between religions and ethnic groups, with Asian American participants held the highest percentage of women who identified themselves as spiritual at 35% (Levine et al., 2007). Although this research included Filipina participants, they were categorized with other Asian American populations, including Chinese, Japanese, and Korean. These populations are very different from one another culturally and in terms of religion and spirituality. To fully understand how Filipina Americans use religion and spirituality to cope with breast cancer, this demographic must be examined as a standalone population. Few research studies, however, specifically address ways in which Filipino Americans' spirituality and religion influence

their approach to adapting to illness and disease such as breast cancer. This exploratory, qualitative study fills that gap by examining the meaning of spirituality, religion and religious practices for Filipina Americans with breast cancer diagnosis.

## Methods

Participants for this study were recruited throughout Northern California. To be eligible for this study, the participant needed to have had 1) a diagnosis of breast cancer (Stage 0, I & II) within the past four years, 2) completed primary treatment, 3) speak and write English, Cantonese, or Spanish. An initial qualitative in-depth interview and quantitative surveys were conducted. For this paper, the investigators identified a subsample of 11 Filipina Americans for further analyses.

Interviews were conducted at the participant's home or a public place convenient to the respondent. These tape-recorded interviews lasted approximately 1.5 to 2 hours. Interviews with Filipina participants were conducted in English. Participants were asked a series of open-ended questions about the definition and types of social support used at diagnosis, during treatment, and after treatment; the psycho-social impact of breast cancer; impact of breast cancer on their quality of life; reactions of family members; ways of coping; spirituality, advice to other women diagnosed with breast cancer; and recommendations to the community for programs to support breast cancer patients and survivors.

## Analysis

Following the procedures for qualitative data analysis, the investigators developed and used codes to give structure and organization to the transcribed text. First, transcripts were independently reviewed for commonalities and differences between respondents (Corbin & Strauss, 2007). Next, the transcripts were independently coded for themes that appeared repeatedly in the text. Coding was iterative and refinements were made based on our discussions until we reached a consensus on a final definition of each code. Finally, text within a coding category was evaluated to determine whether it accurately fit the definition of the code. Thus, verification of the accuracy of the coding scheme (conceptual categories, their definitions, and the observations coded within each category) occurred using both inductive and deductive methods (Corbin & Strauss, 2007).

## Demographics

For the overall study the average age of the study participants was 54.82 years, with a standard deviation of 10.8 years. Seven participants (63.6%) were born in the Philippines; one participant (9.1%) was born in the United States. The majority of respondents (72.7%) were married, and had children. Nine participants (81.8%) were college graduates, and seven (63.6%) were employed at the time of the study. All but one participant (90.9%) identified as being actively religious.

The participants' stages of breast cancer and treatments varied. Four women (36.4%) were at Stage I at the time of their diagnosis; four women (36.4%) were at Stage II at diagnosis. The remaining three participants (27.3%) were diagnosed with ductal carcinoma in situ (DCIS,

Stage 0). Ten participants (90.9%) had undergone surgery as breast cancer treatment. Eight participants (72.7%) underwent radiation therapy; seven participants (63.6%) underwent hormone therapy. Of the eleven participants, five women (54.5%) had undergone chemotherapy, and six (54.5%) had not used chemotherapy as a treatment.

## Findings

This study identified three major themes common to all participants in their religious beliefs and practices: 1) prayer for themselves, 2) prayer by others, and 3) support from their Catholic beliefs and community. In practice, these three themes were often interrelated and overlapped. The most important unifying theme was prayer, an activity highly valued and practiced individually by all respondents. The women experienced prayer in a variety of ways, most notably, as source of comfort and healing. Through prayer, they gained a comforting peace of mind by trusting God to care for their illness, and to provide illness with deeper meaning and/or healing. They believed healing power could be received from God and from other people's prayers. The prayers of others exemplify the second key theme -- social support centered on shared spiritual activity, such as prayers that petition God to heal others. Respondents mentioned not only receiving this type of support, but also giving it, through praying for others' well-being. The third key theme was Catholicism, and strength drawn from specific forms of institutional Catholic religious practice, including Mass, Communion, support from priests and nuns, and the use of rosaries, novenas, and other traditional methods and rituals. Attending church allowed many participants to enter a physical sanctuary where they could feel closer to the presence of God, and supported by a larger religious community.

## Prayer as Comfort and Healing

Prayer provided comfort during times of distress over coping with cancer. As such, it served as a powerful and effective coping mechanism, helping respondents calm and soothe their fears, and derive positive meaning and strength from their experience of illness. In one instance, a participant described using prayer to alleviate physical pain. Prayer gave her an active strategy, a focal point of attention that made a painful medical procedure easier to endure:

I told the doctor I will shout because I know how painful it is. But I did not, I just kept [it] to myself and I just kept praying and then the doctor told me that I am the only one who did not shout, who did not cry or anything. It helped me you know I always pray when I have trouble.

One participant used prayer to talk directly to God and affirm her trust in His plan. She accepted her illness as a kind of gift from God, a test of her faith, and a trial to welcome as a positive challenge. She felt that God could be trusted to understand and give her exactly what she needed, even if she didn't understand it. At the same time, she petitioned God with a hopeful request that perhaps her willingness to suffer illness might serve to spare her children from a similar fate. In these many ways, prayer appeared to function as a wellspring of optimism, in which she could view anything that happened as somehow for the best.



And I always pray as long as I can take it Lord, as long as please don't show it to me, that my kids won't have it. That's what I always say. Give it to me I'll take it. Because I believe that God is not going to give it to you if he doesn't know you can take it, you can handle it. And even before you were born, God knows what's going to happen to you, and he will see how much you stay with him, how much you will trust him. Is how I believe in it. There are so many trials in life, and this is one of the trials, but I count my blessings all the time.

Other participants noted how the experience of cancer helped to deepen their faith and stabilize their regular prayer practices. Prayer brought them inner peace and acceptance that God controlled the ultimate outcome of their illness, even if that outcome was death. For this participant, spirituality helped her get through the cancer "...more so now, that my faith had increased more. And I think that if it comes to... it's my time, it's my time, but of course I hope and pray that my time will not come then." Her spiritual practices also changed: "Before, I only pray the rosary only when I feel like it. Now I need to think for myself, I say the rosary every day now. And it's very peaceful." Another participant described her method of finding peace of mind as follows: "Praying is the best way...put it in a little box and then give it to God to see if He can take care of it for you."

In contrast to participants who invoked the concept of *bahala na* and took comfort in God's will, who felt secure that all possible future scenarios, good and bad, could be entrusted to God's loving care, others viewed God as the ultimate healer, and expected prayer to cure their disease. Prayer could be used to survive cancer and fend off its future recurrence. For many participants, religion and prayer played an important role in Filipino health practices, and they believed miraculous cures were possible. For them, prayer was synonymous with healing, and like medical treatments or procedures, prayers to God for healing would be answered with improved health. "I know that prayers can work miracles," stated one respondent. Another said, "I prayed as – as hard as I could...I knelt and I prayed to help me, you know, survive the cancer. And my prayers were heard." Another participant placed God above all as the source of all healing:

At first ... I went to a faith healer and I went to Chicago for that, but then I realized there's only one -- The divine physician. Although the doctors and the nurses are instruments for the healing, there's the one divine physician. And that's what she told me. And I believed her because she, she went through all of these things too, and for 17 years, and she's still well, alive. And she said, "Don't worry about anything, just put it in God's hands."

Another participant stated:

So, everything is up to God...just keep on praying and you'll be fine. So, that's what happened. That's what I did. So, have a strong belief. Put all of those negative thoughts that you're going to die tomorrow that no, no, no. I said there is a much higher power there who knows all of those things that's going to happen.

One participant simply stated, "I still hope and pray that I will be totally healed soon." These respondents viewed their prayers as a source of physical healing that went beyond comfort and peace of mind. Others used prayer to cope with their fears that their cancer might return:

“I still pray a lot because I still worry that my cancer will come back. Nothing is permanent.”

### Feeling Support: Prayer by Others

Study participants described a variety of ways they felt supported by the spirituality of people around them – whether by family, friends, coworkers, or religious community members. Even Internet-based prayer groups were mentioned as a source of supportive community. While many relied upon or increased their involvement with church community-centered activities, not every participant required this in order to receive spiritually based support from others. Most cited helpful and heartfelt support liberally offered by family and friends. One participant described the spiritually based support of family members as crucial to her survival:

And we stay on the phone for hours and we talk and my brothers will tell me how to pray... and they always tell me to be thankful and alive. And that I've been healed and made whole again...I don't think I would be here if I didn't pray and if my family didn't pray for me.

Another mentioned how the process of praying with her husband brought them closer together:

I still continue to pray very hard. And as I said, my husband and I have gotten closer because we pray together and he helps me all the time...And we pray, that God will help us some more to face these challenges that we are facing.

In addition to family, many participants' friends provided spiritually based support. One participant reported:

My friends were supporting and we had a lot of prayers going on during my illness... they offered prayers for me and they would call me and offer words of encouragement and support...Because by praying you put your faith in God that He will help you go through your sickness.

Another participant described responding to her diagnosis by asking everyone to pray for her: “I immediately told people, you know I need your prayers,” and reported that her friends readily agreed to offer prayers for her healing:

There were so many who – who volunteered to – to pray for me...they came over and prayed for me. I didn't ask them to come over and pray for me but they did...I didn't ask them to pray for me. They came over to pray for me. I had a priest come over and pray for me.

Disclosure of her diagnosis to co-workers prompted immediate offers of prayer for the participant's healing. This participant also prayed for herself “all the time and for others too,” claiming that prayer not only helped her cope with cancer, but everything in life.

While praying for themselves, several participants also emphasized that prayer was a reciprocal and collective process, and praying for others was just as essential as praying for one's self. In a demonstration of the cultural concept of *utang ng loob*, one participant said,



“I would try to encourage them and also pray for them and encourage them to pray because I know that prayer helped me a lot during treatment and it still does right now.” This participant believed that prayer helped cope with her cancer, and remained active in a prayer group. She stated:

I’m not really active in the church before my illness. Now I have a prayer group. I’m more active in the church. And I feel like giving support to other people is like a part of, show me your faith in what you do, not just what you say. So I think showing interest and helping other people who need you, sharing whatever God has given you. Whatever talent you have if you can share it one with another, it’s like sharing what God has given you, and that’s being thankful. And I feel like I’m still lucky even though I have breast cancer, but I’m not the worst person who suffered it. I went through it and I didn’t really have difficulty.

In general, the practice of prayer was often embedded for the study participants in a sense of a collective practice within a larger community of concern, where people needed each other’s prayers and wanted to give as well as receive.

### **Spiritual Support from Catholicism and Catholic Community**

The study participants’ prayer often took place in the context of church communities, and their spiritual practices often took a variety of forms of religious rituals and concepts specific to Roman Catholicism. They felt the Catholic Church brought them closer to God and to others in their community and provided support through diagnosis and treatment. According to one participant:

And after I was diagnosed – when I was diagnosed, [brothers and sisters in the Church] prayed for me so hard that it – I guess it made me closer to God. ... They have requested in their group or in the Church that they would pray for me so and that helped me a lot in my healing process.

Some participants chose to attend Mass and receive Holy Communion regularly, and attended Catholic Bible study groups or Catholic retreats and even healing services. Some preferred the comforting sacred space of the Church building as a place to pray and meditate. Some directed their prayers to Catholic saints, prayed with rosaries and novenas, and in numerous other ways drew strength from specific forms of Catholicism. Some mentioned receiving help, comforting advice and home visits from nuns, friars and priests, and others mentioned prayers offered on their behalf by the entire church congregation. Participants often described prayer in terms specific to Catholic contexts and meanings:

Well, of course I believe in prayers. So I prayed and prayed. I prayed – being a Catholic – I prayed to the saints...St. Peregrine, who is supposed to be a cancer patron or something because he had cancer. So I prayed and prayed to him when I was undergoing treatment. My mom of course also prayed to him at that time.

Another participant stated, “I just kind of you know ask...or Blessed Mother, pray for us, pray for me, and then...St. Cecilia, St. Peter, you know all of them...” Roman Catholic participants looked to patron saints, who are associated with specific causes as advocates or intercessors on their behalf to God in Heaven.

Participants discussed how nuns and priests played an essential role in providing comfort. For many participants, priests and nuns not only provided spiritual support, but were also the people to whom many turned to for spiritual guidance, encouragement, strength and who could assist them with making peace with their diagnosis. One participant stated, “Dominican nuns, Franciscan nuns, Carmelite friars, Carmelite nuns, so they are all my support groups, you know religious support groups, and then I write to them, and they said, ‘Ok, we will pray for you.’” Another participant stated:

At first I was so worried, until I spoke to a nun, and she said everything is in God’s hands. So you have to give it to him, and do not worry, because your health will deteriorate if you are worrying too much about it, so just be at peace and enjoy life, and always, always remember that life is short and enjoy it...

One participant talked about how she reached out to a nun for prayer:

You know and they said that all these nuns can pray for yourself and always look at yourself, and always look for others and when you pray for others, then somebody will just be praying for you, and I read in the book it said that, when you raised up the prayers for others, it comes with it like those birds that are migrating to other places, that’s prayers for a person, and this is for another person and this is another because you know all of them are the same.

## Conclusion

This research fills a gap in research exploring the religious and spiritual practices of Filipinos facing significant health crises such as cancer. Filipinos comprise one of the largest-growing immigrant populations in the United States, bringing with them various aspects of the Philippines’ rich cultural heritage. In order to provide the best quality health care to this population, it is important to understand not only the patients’ medical history, but his or her cultural background as well. With the risk of breast cancer among Filipina American populations increasing, there is a great need for further research on providing effective and culturally sensitive health care for this population.

Our study demonstrated that Filipina American women use spirituality and religion to help them cope with their diagnosis and treatment of breast cancer. Some took solace in the Filipino cultural concept of *bahala na*, finding peace of mind in “leaving it to God.” Others found comfort in prayer and Church community support. While most respondents felt that prayer helped them manage their day-to-day lives as cancer patients, some believed that their prayers went further and actually contributed to their healing process.

When treating Filipina American cancer patients, it may be helpful to establish working relationships with local Catholic Churches to refer patients who may find comfort in their Catholic spirituality and religious practices. Respondents had indicated that they felt reassured by consulting Church authorities (priests, bishops, nuns) about their illnesses. These Church figures may help prevent patients from feeling overwhelmed by the decisions about medical treatments and procedures they will face. Patients may also find prayer groups and social support in church communities that provide spiritual and emotional guidance as they navigate the intricacies of living with cancer. As healthcare providers, it is

imperative to address the health of the patient's body, but equally so, the condition of the patient's heart and spirit.

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