

Friedrich Stiefel

## Letter to the Editor

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Dear editor,

In one of the last issues of *Supportive Care in Cancer* [1], McCoubrie and Davies reported on a study investigating correlations between spirituality and anxiety and depression in patients with advanced cancer.

A significant negative correlation was found between both anxiety and depression scores and overall spiritual well-being scores. The authors acknowledge that this negative correlation does not give any clues as to the direction of causality. However, they state in the discussion that “if the direction of causality can be established in future research and spiritual well-being can be shown to lower anxiety and depression levels, there is a wealth of opportunity for addressing existential and spiritual matters as a form of treatment for these psychological illnesses.” They continue with: “Moreover, it could be argued that addressing spiritual suffering could result in better psychological and physical well-being and, therefore, improved quality of life for patients with advanced cancer.” They end the discussion with the question “As physicians, should we be addressing spiritual and existential issues with patients who present with symptoms

of anxiety and depression, rather than simply prescribing anxiolytics and antidepressants?”

It is interesting to note that an inverse relationship between spiritual well-being and psychological distress was not discussed. One can easily imagine, and daily clinical work confirms this assumption, that anxious patients may not have the inner peace to give way to spiritual experience and that their fears and preoccupations block the comforting relationship to God or another transcendent source. Similarly, we often see depressed patients being hopeless and despaired and, thus, losing all meaning in life and trust.

To “forget” [2] this possible impact of psychological distress on spiritual well-being and on religious faith is probably not a hazardous “accident” of the investigators of this study, but it illustrates a bias in their representation of the human being. This bias results in an almost complete denial of the existence of psychological distress as a unique source of human distress; it also witnesses a disregard for the benefits of psychological and psychiatric treatments. This attitude is especially illustrated

F. Stiefel (✉)  
Psychiatry Service,  
University Hospital of Lausanne,  
Lausanne, Switzerland  
e-mail: Frederic.Stiefel@chuv.ch

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by their suggested interchangeability of spiritual “interventions” and psychopharmacological treatments.

“Wishful thinking” is an inefficient coping strategy of man [3], and it is

certainly not an adequate attitude for scientific research. If ever the authors intend to undertake a spiritual intervention study, as suggested in the discussion of their article, I hope they

remember the so-called Rosenthal effect [4] and decide to choose a double-blind design.

Sincerely,  
Friedrich Stiefel

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## References

1. McCoubrie RC, Davies AN (2006) Is there a correlation between spirituality and anxiety and depression in patients with advanced cancer? *Support Care Cancer* 14(4):379–385
2. Freud S (1977) Die Fehlleistungen. In: *Vorlesungen zur Einführung in die Psychoanalyse*. Fischer Taschenbuch Verlag, Frankfurt am Main
3. Weissman AD (1979) *Coping with cancer*. McGraw-Hill, New York
4. Rosenthal R (1963) On the social psychology of the psychological experiment: the experimenter’s hypothesis as unintended determinant of experimental results. *Am Sci* 51:268–283