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Spiritual Interventions and Distress in Mothers of Children with Cancer

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Abstract

The purpose of this study was to evaluate the effectiveness of spiritual interventions in reducing distress in mothers of children with cancer. In a quasi-experimental study 12 mothers of children with cancer aged between 19 to 50 years old were selected and studied within six 90-minute group sessions in a spiritual intervention based program. Participants in a program based on repeated measures were tested in the first, third, sixth sessions and then 3 weeks after the last session (follow-up) with a Scale of Subjective Units of Distress (SUD). The results of repeated measures show that spiritual intervention improves distress of mothers of children with cancer in post-test phase and this increase remains sustained until follow-up.

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1. Introduction

Cancer is a source of stress and distress for cancer patients and their families, and it is necessary for them to take actions in order to cope with the distress (Jacobson and Holland, 1991). Taking care of patients with cancer affects

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psychological adaptation of family caregivers and their mental health is adversely affected (Hindz, 1985). The impact that cancer has on the mental conditions and quality of the patient's family life is no less than the impact on the patient (Hechler, Blankenburg et al, 2008). Families who have children with cancer are faced with complex problems (Mac and Wolf, 2009). Thus, it is essential to insure their mental health for the continuity of care and reducing their distress (Kim and Given, 2008). According to some research, spirituality is a strong predictor for hope and mental health (Koenig, 1998). Spirituality is an important component that has increasingly drawn the attention of psychologists and mental health professionals in recent decades (West, 2001). Spirituality is a multidimensional construct and can be used as a defense against life's problems and stressors. Some cancer patients have concluded that interventions based on spiritual intervention can be helpful against physical and psychological crisis followed the diagnosis and treatment of this disease (Meraviglia, 2006). Several studies indicate that this type of intervention is associated with reduction of cancer effects, improvement of life quality of family caregivers and reducing their distress (Oznur, 2010). Caregivers of cancer patients follow a clear pattern of disorder in welfare and psychological distress, which is the outcome of experience gained as a result of taking care of their patient. These caregivers share in a major part of the disease process with their patient and this leads to psychological distress in the caregivers (Murray, Kendall, Boyd, et al, 2010). In 2007 a study showed that faith and spirituality affects the caregivers' quality of life so that their anxiety and distress are associated with poorer mental dysfunction (Kulgrav, Kim, and Thompson, 2007). In 2010 a study conducted in America on 361 cancer patients and their caregivers showed that spiritual therapy reduces psychological distress both in patients and caregivers (Kim, Carver, et al, 2010; Kim, Spillers, et al, 2010; Kim, Wellisch, et al, 2007). Families who have children with cancer face specific issues such as events related to the ambiguous and progressive nature of disease, restless and full of distress quality of life, cutting family and social ties due to the child's treatment constraints, repeated admissions to hospital, numerous economic problems, cutting previous enjoyable experiences, anxiety, depression, feelings of guilt and anger (Mac and Wolf, 2009). Since children with cancer typically experience a range of symptoms and different types of physical and mental discomfort, their family also should be involved in problems and issues related to cancer and on the other hand they should experience the distress resulting from the disease. In this study, we attempted to investigate the effect of spiritual intervention on reducing distress in mothers of children with cancer.

2. Method

The study is a quasi-experimental with time series. The study population consisted of mothers of children with cancer whose children were admitted to the pediatric ward of Imam Hussein hospital in Tehran. 12 subjects of this population were selected in an available sample manner and entered the research plan. Mothers of children with cancer aged 22 to 51 years old and they had high school education or higher. Participants were tested in a program based on repeated measures in the first, third, sixth sessions and 3 weeks after the last session (follow-up) with a Scale of Subjective Units of Distress (SUD). Scale of Subjective Units of Distress (SUD) is a self-assessment scale by which the intense of discomfort and mental distress is graded. This scale is graded from zero (I have no distress) to 10 (I have the most distress). At this scale, the therapist asks the patients to rank their distress based on a numerical scale. Reliability of this tool through repeated measures over a week was obtained .87.

3. Results

Education and age distribution of the subjects are presented in Table 1-4.

Table 1. Education and age distribution of the subjects

		Frequency	Percent
Education	Less than diploma	3	25
	Diploma	5	42
	Academic	4	33
Age	Mean	36.75	
	Standard deviation	8.27	

Investigating demographic characteristics of the subjects show that out of 12 subjects studied, three patients (25%) had less than diploma, five patients (42%) had diploma and 4 patients (33%) had academic education and subjects

aged between 22 to 51 years old. In order to determine the effectiveness of spiritual interventions to reduce distress of subjects, mean and standard deviation of distress were measured in 4 steps and the results are shown in Table 2-4.

Table 2. Descriptive components of distress in four measures

	1 th step	2 th step	3 th step	4 th step
Mean	5.9167	4.5833	3.250	3.333
SD	.763	.514	.542	.651

In order to compare the significant level of differences, the scores of distress in mothers of children with cancer were compared with repeated measures (Table 3). This table is the output from the ANOVA.

Table 3. the results of effects within the subjects

	Source	SS	df	MS	F	Sig.	Eta
Assumption of sphericity	factor	42.667	2	21.333	117.33	.001	.914
Assumption of sphericity	Error	4	22	.182			
Linear	First trend	42.667	1	42.667	14.8	.001	.927

In table 3, the values are shown that are calculated for the factor of measurement step, which is an inter-group factor, by three stages of measurement. According to the findings of this table, it can be said that there was a significant difference between the three stages or steps of measurement ($p < .001$, $\eta^2 = .914$ and $F(2, 2) = 42.667$). Test results of linear trend have been shown in the last line. As can be observed, there are significant linear trend factors for the data in mean values of each level ($p < .001$, $\eta^2 = .928$ and $F(1, 11) = 14.8$). In the following, in order to determine the sustainability of reduction in distress of the mothers in the follow-up step, the scores of their distress were compared after the last session and three weeks after that. The results of the mean difference between the correlated groups are shown in Table 4.

Table 4. The results of mean difference in the last session and three weeks after that

	M	sd	t	Sig.
The sixth session	3.333	.452	-.432	.674
Follow-up	3.250	.65		

As can be seen, the T value is bigger than its corresponding value at .05 level, and can be said that there is no difference in the distress of the two steps, i.e. the sixth session and follow-up. This suggests that reduced level of distress in the mothers remained three weeks after the intervention.

4. Discussion and Conclusion

Anxiety and distress remain in parents of children with cancer, even when their children have recovered. They are often concerned about recurrence of the disease in their children. In this study, the effectiveness of spiritual intervention in reducing distress in mothers of children with cancer was evaluated. The results showed that spiritual interventions can be effective in reducing distress in mothers of children with cancer. Following distress scores of the mothers three weeks after intervention shows that reduced level of distress in the mothers remained for three weeks after the intervention. These findings are consistent with the results of Kim, Spillers, and Hall (2010), which showed spiritual intervention as an effective coping method leading to reduction in psychological distress of mothers of children with cancer through reducing feelings of guilt, anger, hopelessness, and increasing inner peace and causing hope. Spiritual intervention as a coping method helps the mothers of children with cancer to be able to better understand and accept their child's disease. In other words, spirituality affects important cognitive assessments in coping process by targeting one's beliefs and helps the individual evaluate negative events in a different manner and create a stronger sense of control. Whatever the human ability to control stressful events is more, the ability to adapt to most environments is more and less complications of stress such as stress, depression, anxiety and distress will appear. Studies have shown that by training spiritual psychological skills it is possible to improve patients' anxiety and distress associated with progression of the disease, treatment and its complications, or lack of disease improvement and their relationships with family members and their quality of life. Spiritual beliefs seem to provide

hope and a sense of control over one's destiny. In fact, spiritual beliefs protect the individuals against the stress of uncontrollable events of life such as death and severe disease that can cause distress, anxiety and depression, and can alter their lifestyle (Koenig, 1998).

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