

Use of religious coping among Peruvian patients with cancer

Uso del afrontamiento religioso entre pacientes Peruanos con cáncer

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Dear Editor:

The International Agency for Research on Cancer estimates, based on the best sources of data available in countries in 2022, highlight the growing burden of cancer, the disproportionate impact on underserved populations, and the urgent need to address cancer inequities worldwide. In 2022, there were an estimated 20 million new cancer cases and 9.7 million deaths^[1]. Cancer constitutes a significant public health challenge in Peru due to the uncontrolled high prevalence of risk factors and disparities in accessing oncological services. This leads to delayed diagnoses and unequal treatment, ultimately increasing the risk of premature deaths among Peruvians^[2]. According to the statistics of 2022, number of new cancer cases was 72,827 and number of cancer deaths was 35,934 in Peru. Top three leading cancers were prostate, breast, and stomach^[3].

Religion is the belief in an ever-living God (Allah), that is, in a Divine Mind and Will ruling the Universe and holding moral relations with mankind. Religion is the basic manifesto of life^[4]. Spirituality is the high states, blessings, tastes, and happiness that a person feels in his conscience and soul when he fulfills the de facto gratitude by acting under God's (Allah's) orders and prohibitions with his material organs, intangible feelings, and the subtle faculties. Religion and spirituality are not the same things, rather spirituality is a part of religion, which is more comprehensive than spirituality^[5]. Coping is the fact of dealing successfully with problems or difficult situations. Religious coping is a means of seeking God's (Allah's) help, trusting and taking refuge in God (Allah), finding solace in religious provisions/teachings, and praying/worshiping more than usual during stressful events of life such as illness, calamity, death, or circumstances where a person is helpless^[6]. A large body of evidence indicates that spiritual and religious backgrounds, beliefs, and practices are relevant to most people's psychological well-being. Involvement in religious and spiritual practices and communities is related to lower depression, anxiety, suicide ideation and attempts, post-traumatic stress disorder, and substance abuse, as well as a higher purpose in life, hope, optimism, and self-esteem^[6]. Herein, we discussed use of religious coping among Peruvian patients with cancer to draw attention to the importance of religion and religious coping.

Religious faith is very important for most Peruvians; 92% believe in God (Allah), 72% consider themselves religious, and "being well with God (Allah)" is one of the main sources of happiness^[7]. In Peru, the emotional coping style is the most used one and it involves religious coping and positive reinterpretation strategies^[8]. However, there are limited studies on religious coping strategies of Peruvian patients in the literature. Toyama *et al.*^[9] reported that "spirituality and religion" was one of the eight categories captured the resources and activities that were reported by young people as helpful to overcome mental distress in three Latin American cities. Coping strategies used by Peruvian older adults with depression and anxiety included "self-reflection and adaptation to circumstances", "do your part", and "seeking emotional support" mainly from non-professionals (relatives, friends, acquaintances, and religion)^[10]. Religion is as important as medical treatment to cope with the disease in Latin American and Latino patients with systemic lupus erythematosus^[11].

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.

However, only one study on this topic has been reported on Peruvian cancer patients in the English literature to the best of our knowledge Rivera-Cruzatt *et al.* [8] described three psychological coping strategies in Peruvian breast cancer patients: emotional coping, which was found more frequently, includes the support of important people, religious coping, and focusing on positive consequences, which leads to a positive reinterpretation and progressive acceptance of the disease; active coping, characterized by diligent action, following indications, and seeking professional support. Finally, avoidance coping, which focuses on negative elements, postponement of the coping process and cognitive and behavioral distractions. Religious coping helped the patients become closer to God (Allah) and strengthened their beliefs [8].

In conclusion, we would like to emphasize that religion is central to life in many societies around the world. Religious

coping is frequently used for physical, social, mental, spiritual, and religious health by patients with chronic diseases such as cancer in many cultures around the world; however, there are scarce studies about this subject in Peruvian patients in the literature. Therefore, we recommend that comprehensive studies should be conducted on the religious coping styles of adult and child cancer patients in Peru. These studies will guide healthcare professionals, benefit cancer patients and their families in clinical practice, and fill the gap in the literature.

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References

1. Global cancer burden growing, amidst mounting need for services. World Health Organization. [updated 2024; cited 2025 Jan 10]. Available from: <https://www.who.int/news/item/01-02-2024-global-cancer-burden-growing--amidst-mounting-need-for-services>
2. De La Cruz-Vargas JA, Ramos W, Chanduvi W, Correa-López LE, Guerrero N, Loayza-Castro J, *et al.* Proportion of cancer cases and deaths attributable to potentially modifiable risk factors in Peru. *BMC Cancer*. 2024;24(1):477. doi: 10.1186/s12885-024-12219-4.
3. Peru. International Agency for Research on Cancer. World Health Organization. [updated 2024; cited 2025 Jan 10]. Available from: <https://gco.iarc.who.int/media/globocan/factsheets/populations/604-peru-fact-sheet.pdf>
4. Nursi BS. From the Risale-i Nur Collection. The Words. Gleams. Istanbul: Söz; [updated 2012; cited 2025 Jan 10]. Available from: <http://www.erisale.com/index.jsp?locale=en#content.en.201.750>
5. Çaksen H. Religious coping or spiritual coping: which one is correct? *Psychiatr Danub*. 2024;36(2):264-6.
6. Vieten C, Oxhandler HK, Pearce M, Fry N, Tanega C, Pargament K. Mental health professionals' perspectives on the relevance of religion and spirituality to mental health care. *BMC Psychol*. 2023;11(1):439. doi: 10.1186/s40359-023-01466-y.
7. Caycho-Rodríguez T, Vilca LW, Plante TG, Vivanco-Vidal A, Saroli-Aranibar D, Carbajal-León C, *et al.* Strength of religious faith in Peruvian adolescents and adults: psychometric evidence from the original and short versions of the Santa Clara strength of religious faith questionnaire in Spanish. *Pastoral Psychol*. 2022;71(3):399-418. doi: 10.1007/s11089-021-00972-3.
8. Rivera-Cruzatt FD, Cubillas-Espinoza PP, Malvaceda-Espinoza EL. Psychological coping in female breast cancer patients from a Metropolitan Lima hospital. *Rev Peru Med Exp Salud Publica*. 2022;39(4):400-7. doi: 10.17843/rpmesp.2022.394.12322.
9. Toyama M, Godoy-Casasbuenas N, Olivar N, Brusco LI, Carbonetti F, Diez-Canseco F, *et al.* Identifying resources used by young people to overcome mental distress in three Latin American cities: a qualitative study. *BMJ Open*. 2022;12(8):e060340. doi: 10.1136/bmjopen-2021-060340.
10. Flores-Flores O, Zevallos-Morales A, Carrión I, Pauer D, Rey L, Checkley W, *et al.* "We can't carry the weight of the whole world": illness experiences among Peruvian older adults with symptoms of depression and anxiety. *Int J Ment Health Syst*. 2020;14:49. doi: 10.1186/s13033-020-00381-8.
11. Colmenares-Roa T, Gastelum-Strozzi A, Crosley E, Fuentes-Silva Y, Reategui-Sokolova C, Elera-Fitzcarrald C, *et al.* Digital narratives of living with lupus: lived experiences and meanings for Latin American and Latino patients and their families. *Arthritis Care Res (Hoboken)*. 2023;75(3):540-9. doi: 10.1002/acr.24870.